2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

Bu 02435

I. PLACE OF DEAT	Carroll	MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY		
CITY (If outside OR give neare TOWN	corporate limits, write RURA at town) Henry ton	L and LENGTH OF STAY (in this place)	OR Baltim	ore 1,	L and give nearest town)
HOSPITAL OR INSTITUTION O STREET ADDR	OR HENRYTON SI	TATE HOSTITAL	STREET ADDRESS 1139	Park Avenue	cation)
3. NAME OF DECEASED (Type or Print)	(First) WILLIAM	(Middle) EDWARD	(Last) BANION	4. DATE (Mo OF DEATH MAT	nth) (Day) (Year) ch 2, 1951
Male	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	s. DATE OF BIRTH Feb. 20,1904	46 yrs.	If under 1 year II under 24 hrs. Months Days Hours Min.
done during most of	PATION (Give kind of work working life, even if retired)	10b. Kind of Business or Industry Construction Co.	Baltimore,	Paryland	12. CITIZEN OF WHAT COUNTRY?
	Harvey E. Banion	n		F. Johnson	
15. WAS DECEASED (Yes, no, or unknown	EVER IN U.S. ARMED FORCES  i)   (If yes, give war or dates of iservice)	1 16. SOCIAL SECURITY No. 220-09-2998	Deceased	ADDRESS	
18. MEDICAL CERTIFICATION					
I. DISEASES OR (	CONDITIONS DIRECTLY				INTERVAL BETWEEN ONSET AND DEATH
Immedia	ate cause (a)	Pulmonery Tuber	rculosis		77,19/3
Diseases of giving rise	enf cause(s) r conditions, if any, to the above cause underlying cause last				
Conditions contri	(c) FICANT CONDITIONS huting to the death hut not ease or condition causing deat				
19a. DATE OF OP	ERATION 19b. MAJOR F	INDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN) (C	OUNTY) (STATE)
TIME (Month OF INJURY	) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OF	CUR?	
		e deceased from July 20 d that death occurred at	:05 P. m., from the		date stated above.
SIGNATURE	w. P. Sau	(Degree or title)	Henryton, Man	yland	DATE SIGNED 3/2/51
23. HURIAL, CRE			runcen.	LOCATION (City town	(State) (State)
DATE REC'D BY REG./2/51	LOCAL REGISTRAR'S	D. Swanhhar	Advishus C	1. Halstean	ADDRESS
	Dep	uty Local 9	70241 91	& Druid-	Hill Cline.



of units

2411 N. Charles Street, Baltimore

### 02436

CERTIFICATE OF DEATH

Reg. Dist. No. 70

	ODJETH TOTAL	D OI DEAL	Keg.	Dist. No
1. PLACE OF DEATH- COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE STATE Maryland	, , , , , , , , , , , , , , , , , , , ,	COUNTY Carroll
CITY (If outside corporate limits, write RUR OR give nearest town) TOWN Taney LOWN		CITY (If outside corpo OR TOWN Taney	rate limits, write RURA	L and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET	(If rural give to Baltimore St	
3. NAME OF (First) DECEASED (Type or Print) Daisy C. Barnha	(Middle)	(Last)	4. DATE (MODE OF DEATH MA)	onth) (Day) (Year) cch 22, 1951 19
5. SEX   6. COLOR OR RACE   White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH Feb. 25.1877		If under 1 year If under 24 hrs Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK  13. FATHER'S NAME	10b. KIND OF BUSINESS OR INDUSTRY Own Home	Penna. 14. MOTHER'S MAIDE		12. CITIZEN OF WHAT COUNTRY?
Upton Barnes	1 16. Social Security No.	Susan Knipp		
(Yes, no, or unknown) (If year, give war or dates of service)	219-20-4124	Mrs. Elwood A	iring, Taney	town, Md.
I. DISEASES OR CONDITIONS DIRECTLY	18. MEDICAL CEL LEADING TO DEATH	0, -	Occluse	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause (a) Antecedent cause (b)	Coronary	Certine He	urrutosi	- 75min
stating the underlying cause last	artinis	clerosis a 4	Corrany a	retur 10 ym.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deatl		used Clark	viroclus	in 10 ym.
198. DATE OF OPERATION   19b. MAJOR F	INDINGS OF OPERATION	0		20. AUTOPSY? Yes □ No P
21. ACCIDENT (Specify) PLAC SUICIDE OF HOMICIDE INJU	E (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN) (C	COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY O	CCUR?	
22. I hereby certify that I attended the alive on Mar. 22, 19.51., and SIGNATURE  R. D. McVaugh			e causes and on the	
23. BURIAL, CREMATION DATE REMOVAL (Specify) 3/21/5] DATE REC'D BY LOCAL REGISTRAR'S	NAME OF CEMETE Winters Ceme	RY OR CREMATORY	Linwood, Man	n, or county) (State)
M REG. 4 5.4. 1951 91761	Il Me hur oi	I C.O. Fuss & S	on. Taneytown	. Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

VS. A15



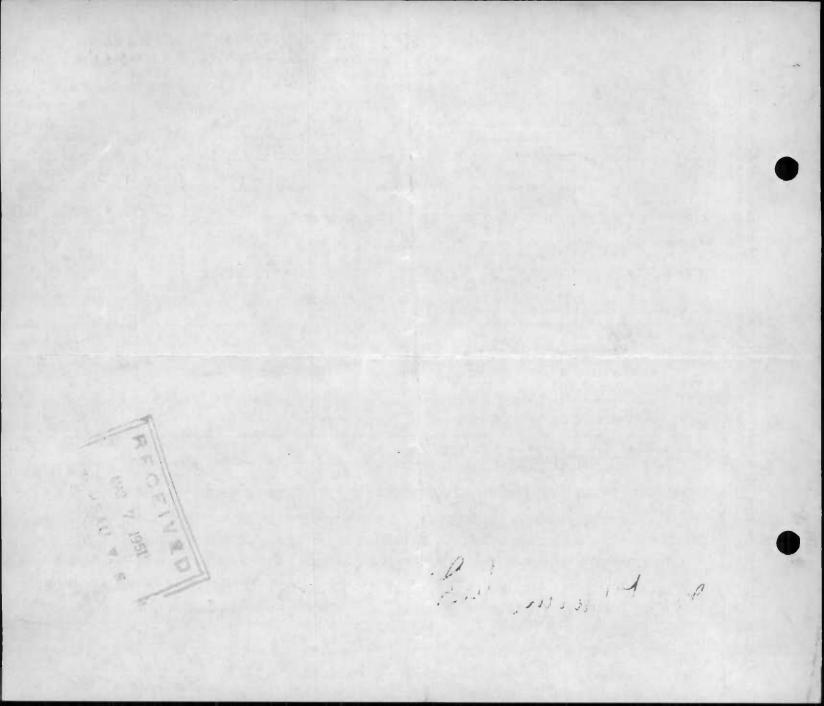
04437

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

eg. Dist. No. 74

1. PLACE OF DEAT	CARROLL	MARYLAND	2. USUAL RESIDENCE ( STATE MARYLA	ID	COUNTRONTGOMERY
CITY (If outside of OR give nearest TOWN	corporate limits, write RURA t town) SYKESVIILE	L and LENGTH OF STAY (in this place)	CITY (If outside corpo OR TOWN ROCKV	rate limits, write RURA	L and give nearest town)
HOSPITAL OR INSTITUTION O STREET ADDRE	R SPRINGETEID	STATE HOSPITA	STREET ADDRESS 120	(If rural, give loo South Adams S	eation) Street
3. NAME OF DECEASED (Type or Print)	(First) ELIZABETH	(Middle)	(Lest) BARNSLEY	4. DATE (Mo OF DEATH	ntb) (Day) (Year)
FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE	s. DATE OF BIRTH 4-13-85	9. AGE last birthday   65 yrs.	If under 1 year   If under 24 hrs. Months   Days   Hours   Min.
done during most of v	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY HOUSEWORK	MONTGOMERY CO	., MARYLAND	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	SAMUEL G. BARI			UMSTEAD	
	ver In U.S. Armed Forces? (If yes, give war or dates of lecrvice)	16. SOCIAL SECURITY No.	HOSPITAL		
		18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CO	ONDITIONS DIRECTLY I				INTERVAL BETWEEN ONSET AND DEATE
H221	e cause (a)	MYOCARDITIS, MYOC	CARDIAL INFARCT	***************************************	l year
Diseases or giving rise t	nt cause(s)  conditions, if any, o the above cause underlying cause last	NERALIZED ARTERIO	OSCLEROSIS, CERI	EBRAL HELORRH	AGE 3 years
	(c) AR	TERIOSCLEROSIS PI	LUS PSYCHOSIS		3 years
Conditions contributed to the dises	ICANT CONDITIONS utlng to the death but not use or condition causing death		ENCY		Since birth
19a. DATE OF OPE	RATION 19b. MAJOR F.	INDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU	E (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN) (C	OUNTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OF	CCUR?	
blive on Marc		deceased from July 7 I that death occurred at	2:30 from the		
SIGNATURE	Janen 1	(Degree or title)	DIVIDATINE.	STATE HOSPITAI	
23. BURIAL CREM JEMOVAL (SA		( St. Johns.	they mad	LOCATION (City, town	C.
DATE REC'D BY REG. 3-3-/9.	LOCAL REGISTRAB'S S	ey leer	24. FUNERAL DIRECTO	a. Pumph	ADDRESS
	1		720	836 Bethes	da, md.



# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. AI5

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

12438

	Reg. Dist. N	0
1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED.	
CARROLL MARYLAND	STATE MARYLAND COUNT	Y BALTIMORI
OR give nearest town) TOWN rural—Sykesville  CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN rural—Sykesville  LENGTH OF STAY (in this place) 1 mo. 4 days	CITY (If outside corporate limits, write RURAL and gi- OR TOWN	ve nearest town)
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location) ADDRESS 5324 Ready Avenue, Bal	to. 12. Md.
STREET ADDRESS Springfield State Hospital  3. NAME OF (First) (Middle)		
DECEASED (Type or Print) CHARLES	(Last) 4. DATE (Month) OF DEATH 3	(Day) (Year) 5 19 51
6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 9. AGE last hirthday If under Months 1883 67 yrs.	Days   If under 24 hrs   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Stone Mason	11. BIRTHPLACE (State or foreign country)  Baltimore County	2. CITIZEN OF WHAT COUNTRY SA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	ODA
Charles Bealer	Elizabeth Miller	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of 217-09-56)	Record, Springfield State Hosp	ital
18. MEDICAL CEI		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) Cerebral hemorrha		minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	arterioreternis	5 years
Soo stating the underlying cause last		
11. OTHER SIGNIFICANT CONDITIONS		1
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with	acrobrel exteriorele	and at and an
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	calentar arcalinacternara	undetermine
21. ACCIDENT (Specify) SUICIDE HOMICIDE HOMICIDE  PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	Yes No (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m.   Work   At work		
22. I hereby certify that I attended the deceased from 1/31		
alive on	*45 P m., from the causes and on the date st	ated above. DATE SIGNED
Whent to bagle. M.D.	Sykesville, Maryland	3/5/51
REMOVALI (Spective) Freb & Zoaram	OF CREMATORY LOCATION (City, town, or county)	ty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 3/5/57	Elswort Comacos	ADDRESS
	1-100 H. wer.	0.40.

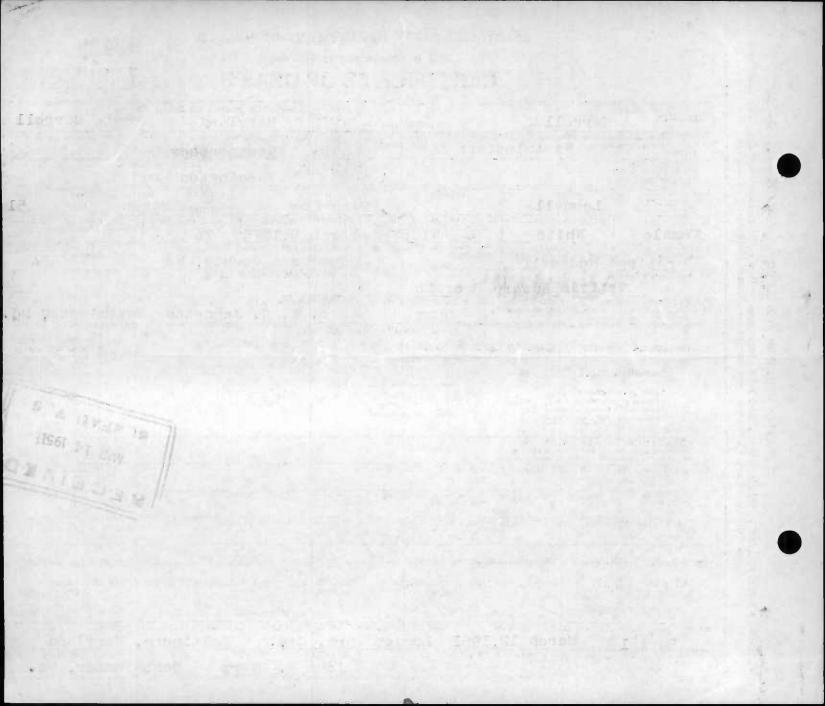
2411 N. Charies Street, Baltimore

### CERTIFICATE OF DEATH

02439

Reg. Dist. No..

1. PLACE OF DEATH	Carroll	MARYLAND		yland	COUNTY	Carro	
CITY (If outside c OR give nearest TOWN	orporate limita, write RUR. town) Westmins	ter (in this place)	OR TOWN Wes	omte limite, write RUR tminster	a -	nearest town)	
HOSPITAL OR INSTITUTION O STREET ADDRE	r. SS		STREET ADDRESS Was	(If rural, give hington Ro			-da
3. NAME OP DECEASED	(First) Leonella	(Middle)	(Last) Becraft	OF DEATH MA			(Year) 1951
(Type or Print) 5. SEX Female	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	s. DATE OF BIRTH March 5,1879	9. AGE inst birthday	y   If under 1 y   Months   D	-	r 24 hrs.
100 USUAL OCCUP	ATION (Give kind of work working life, even if retired) O housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State Somerset Co	e or foreign country)	1 12. (	CITIZEN OF	WHAT
13. FATHER'S NAM	Œ		14. MOTHER'S MAIDE	EN NAME			
	illiam Edwar						
15. WAS DECEASED E (Yes, no or puknown)	VER IN U.S. ARMED FORCES (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	Mrs. W. C.		Westmi	inster	Mg.
		18. MEDICAL C	ERTIFICATION		1,	INTERVAL BE	
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH				ONSET AND	
		Urenin				2 1	
599 Immediat	le cause (a)	11-1-1		•••••••••••••••••••••••••••••••••••••••			<i></i>
	nt cause(s)	alterda	16mmles				
Diseases or	conditions, if any, (b)		the color	. 0000 pm (mmb de p = 00 0 + 0 + 0 + 0 + 0 + 0 + 0 + 0 + 0		(see (see (see (see (see (see (see (see	
stating the	underlying cause last	Jugan					
OWLED STOLES	(c) ICANT CONDITIONS						
Conditions contrib	uting to the death but not	h. Music					2772
		FINDINGS OF OPERATION				20. AUTOPS	1/
200		CE (Home, farm, factory, street,	(CITY OF	TOWN	(COUNTY)	Yes C	No Ø
21. ACCIDENT SUICIDE HOMICIDE	OF	office bldg., etc.) JRY			(0001(11)	(011112	
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY	JCCURI			
	lify that I attended th						
alive on	3 - 9-, 1957, an	d that death occurred at (Degree or title)	8:20 m., from t	he causes and on th	ne date stat	ed above.	NED
w	. C. Jan	with usd.	Winden	meter	mo	4, 3-	10.51
REMOVAL (Spe	March 12	.1991 Loudon	Park. Cem.	Baltimor		yland	ate)
DATE REC'D BY REG.	LOCAL REGISTRAR'S	SIGNATURE	John R. By		tminst	er, Mo	



WRITE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH Reg. Dist. No..... 1. PLACE O DEATH USUAL RESIDENCE (HOME) OF DECKASED MARYLAND CITY (If outside corporate limits, write RURAL and OR give learest town) CITY (If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY (in this place) TOWN HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS STREET ADDRESS 3. NAME OF (First) (Middle) DATE (Month) (Day) (Year) DECEASED 195 (Type or Print) DEATH 7. SINGLE, MARRIED, WIDOWED, DIVORCED 5. SEX 6. COLOR OR RACE 9. AGE last birthday | If under 1 year Months | Days IIf under 24 hrs Hours | Mln. (Specify) MU 10b KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BIRTHPLACE (State op foreign country) 12. CITIZEN OF WHAT 13. FATHER'S NAME 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. AND/ADDRESS (Yes, no or junknown) | (If yes, give war or dates of nous service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Cerebral Hemorrhage Hypertensive C. V.D. Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 26. AUTOPSY? Yes 🗍 No [ PLACE (Home, farm, factory, street, OF office bldg., etc.) 21. ACCIDENT (CITY OR TOWN) (COUNTY) (Specify) (STATE) SUICIDE HOMICIDE INJURY INJURY OCCURRED HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) While at Not While C INJURY Work At work 22. I hereby certify that I attended the deceased from Suly 1, 1949, to Mar. 29, 1951, that I last saw the deceased m., from the causes and on the date stated above. alive on Mar. 29, 195/, and that death occurred at 10 DATE SIGNED SIGNATURE (Degree or title) DATE THEREOF NAME OF CEMETERY OR CREMATORY 23. RURIAL, CREMATION KEGIOVAL (Specify) DATE REC'D BY LOCAL RECISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS



## The correct age

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore CERTIFICATE OF DEATH

Reg. Dist. No. 74

02441

I. PLACE OF DEATH-			2. USUAL RESIDENCE STATE	(HOME) OF DECEASED	OUNTY
Carr		MARYLAND	Maryl	and	JUNIT
OR give nearest town)		(in this place)	OR CITY (If outside corpo	orate limits, write RURAL	and give nearest town)
TOWN SYK	esville	10 yrs.	TOWN Balt	imore	
HOSPITAL OR INSTITUTION OR			STREET	(If rural, give loca	tion)
STREET ADDRESS Spri	ngfield	State Hospita	ADDRESS 200	East 24th.	Street.
	irst)	(Middle)	(Last)	4. DATE (Mon	th) (Day) (Year)
(Type or Print) F.7 mi	20.0	Во	ughner	OF Mai	9, 195
	OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH		f under 1 year   If under 24 hr
Female wh	ite	WIDOWED, DIVORCED, (Specify) 10 CWed	Apr. 20,186	20 yrs.	Months Days Hours Min
10a. USUAL OCCUPATION (GIV	e kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	3 3000 1	12. CITIZEN OF WHAT
done during most of working life, of		INDUSTRY	Michigan		COUNTRA
I3. FATHER'S NAME	LIE at	archare.	14. MOTHER'S MAIDE	N NAME	you. J. w.
Russell Mar	son		Matilda	Barber	
15 WAS DECEMBED FIRE IN II C	Aparen Popuse?	16. SOCIAL SECURITY NO.	17. INFORMANT AND		
(Yes, no, or unknown) (If yes, give service)	e war or dates of		Mrs Adelle		
· · · · · · · · · · · · · · · · · · ·		18. MEDICAL CE		100	
- Dramitana OD GOVIDIMION	DIDECMIN				INTERVAL BETWEEN
I. DISEASES OR CONDITIONS	DIRECTLI	LEADING TO DEATH			ONSET AND DEATE
Immediate cause	(a)	Chronic Pye	lonephritis		6 mos.
1222	(=/	record of the desired place of the control of the c	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	**************************************	
Antecedent cause(s	)	Chr. Myocard	35+46		5 yrs.
Diseases or conditions, if	any, (b)		4.1.4.1.0	gmre-nrighig-ne-night-ne-n-nigh-go-nigh-nigh-nigh-go-n	and the second
70d stating the underlying ca	use iast				
	(e)				
Conditions contributing to the					
related to the disease or conditi	on causing death				
19a. DATE OF OPERATION	19b. MAJOR F.	INDINGS OF OPERATION			20. AUTOPSY?
					Yes No
21. ACCIDENT (Specify) SUICIDE HOMICIDE	OF INJU	EE (Home, farm, factory, street, office bidg., etc.) RY	(CITY OR	TOWN) (CO	UNTY) (STATE)
TIME (Month) (Day) (Y	ear) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY O	CCUR?	
OF INJURY	m.	Work At work			
		T 3	1 10 1500 0	)+b	
22. I hereby certify that I	attended the	deceased from UIDE 12	19.40, tomar.	1904., that I	last saw the deceased
olive on Mar Oth	10 57 and	d that death occurred at	· TOP m from th	a anuman and on the	late stated above
SIGNATURE ()	., 10 and	(Degree or title)	/ ADDRESS	of Causes and on the C	DATE SIGNED
	1	MIN O	1. / 1/2	1/1.1	(h. 041.
M. 11-111 a	um	11/10.	yperne	ema.	MN31
23. BURIAL CREMATION I	ATE THEREO	/		LOCATION (City, town,	
BURIAL (Specify)	3-13-		KAPIAS	MIC	CH.
DATE REC'D BY LOCAL   F	REGISTRAR'S		24. FUNERAL DIRECT	OR	ADDROSS
mai, 10, 1951	Covar	us Meer	W= 4. Jick	rec 4x toxo.	routh + Isma

B 'A AVENDE

E' 11, 11

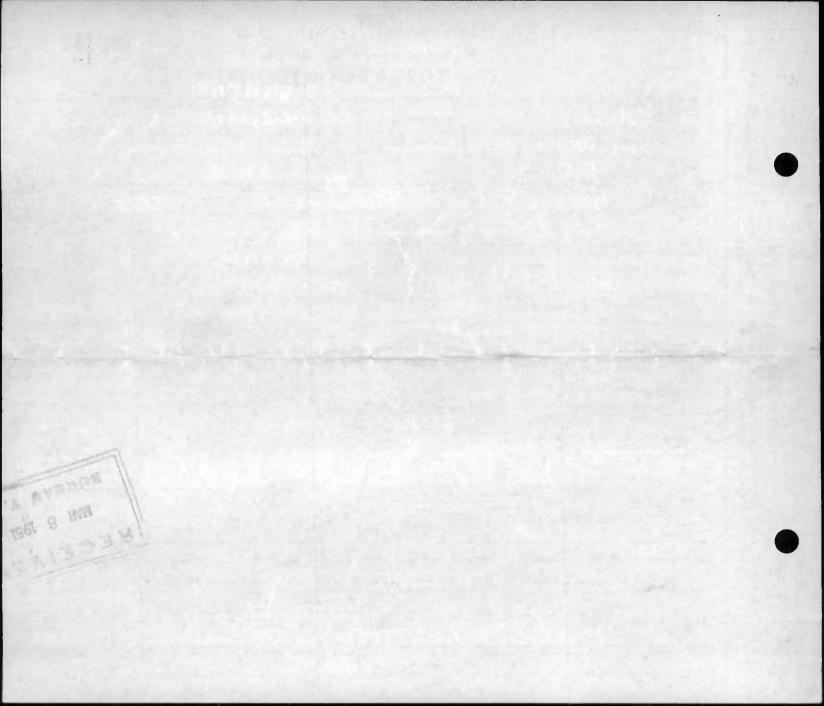
2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

02442

eg. Dist. No. 76

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CATIFOLL MARYLAND	STATE MARYLAND CARRO	
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
OR give nearest town) TOWN   UPAL   KESTIMINSTER   (in this place)	TOWN PURAL WESTMINSTER	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS 7, D. 4	ADDRESS R.D. 4	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) NELLIE ELLEN BO	WSTEAD OF DEATH MARCH	6 1951
5 SEY A COLOR OR RACE 17 SINGLE MARRIED	8. DATE OF BIRTH   9. AGE last birthday   If under	1 year ilf under 24 hrs
WIDOWED, DIVORCED, (Specify) 5 / N G Z 1=	1864 ABOUT 87 yrs. Months.	Days Hours Min.
10m. USUAL, OCCUPATION (Give kind of work   10b. Kind of Business or		CITIZEN OF WHAT
plone during most of voricing life, even if retired) INDESTRY	ENCLAND	COUNTRY?
13. FATHER'S NAME DELL EMPLOYER	14. MOTHER'S MAIDEN NAME	V.S.
7	,	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	SARAH WATSON	
(Yes, no, or unknown)   (If year, give war or dates of	17. INFORMANT AND ADDRESS	
NO service) /YONE	WILLIAM-BOWSTEAP, WESTMINS	JER 4 MD.
18. MEDICAL CE	PTIFICATION	1
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
D 0. 0 1.1		101
Immediate cause (a) Creeding /	emorrage	12 wou
Immediate cause  (a) Cerebral 14  422, / Antecedent cause(s)	0	
Antecedent cause(s)	enla Disense	
	unta allaluse	10geurs
giving rise to the above cause stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		HAT WELL
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY?
		Vac Cl Na Cl
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	: (CITY OR TOWN) (COUNTY)	Yes No (STATE)
SUICIDE OF office bidg., etc.) HOMICIDE INJURY	(cook)	(SIMIL)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	I HOW DID INJURY OCCUR?	
OF While at Not While		
INJURY m.   Work ] At work	1	
22. I hereby certify that I attended the deceased from 18 years	1933 to 3-5 1951 that I leet a	Leannah ada we
alive on 3 - 5, 1951, and that death occurred at	4	ated above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
2011		
	Westerneter med.	2-1-51
V.T/ sillingalla, M.D.		3-6-51
DEMOVAL (Specify)	RY OR CREMATORY   LOCATION (City, town, or count	
BURIAL (Specity) / MARCH 8, 1951 LOUDON PARK	RY OR CREMATORY LOCATION (City, town, or count	
BURLA (Specify) MAIRCH 8 1931 LOUDON PARK DATE RECOAS LOCAL REGISTRATURE	RY OR CREMATORY   LOCATION (City, town, or count	
BURIAL (Specity) / MARCH 8, 1951 LOUDON PARK	RY OR CREMATORY LOCATION (City, town, or count   BALTIMO IE   24. FUNERAL BIRECTOR	(State)
BURLA (Specify) MAIRCH 8 1931 LOUDON PARK DATE RECOAS LOCAL REGISTRATURE	RY OR CREMATORY LOCATION (City, town, or count	(State)



The correct age

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

02443

Reg. Dist. No.

COUNTY Campala	261 - 200 1200	2. USUAL RESIDENCE (HOME) OF DECEASED.	NTY
CITY (If outside corporate limits, write RURA	MARYLAND	Maryland CITY (H outside corporate limits, write RURAL and	give persent town)
OR givo nearest town) Sykesvill	(in this place) .	TOWN Baltimore City	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield	State Hospital	STREET ADDRESS 2240 Fulton Avenue	)
3. NAME OF (First) DECEASED	(Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) George	-JOHN	BREHM DEATH March	27 1951
male 6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower		der l year   If under 24 hrs. hs   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)  1es-Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	0 0 0 110
Michael Brehm		unknown	
15. Was Decrased Ever In U.S. Abmed Forces (Yes, no, or unknown) [ (It yes, give war or dates o		17. INFORMANT AND ADDRESS	
unknown   service)	unknown	Records - Springfield State Ho	ospital
	18. MEDICAL CE	RTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY I			ONSET AND DEATE MORE THAN
Immediate cause  (a) (b)  (b)  (c)  (c)	hronic myocarditi	s and myocardial degeneration	3 years
Diseases or conditions, if any, (b)	enility		3 yrs.
stating the underlying cause last			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	Senile psychosi	s, simple deterioration	3 years
19a. DATE OF OPERATION   19b. MAJOR F	INDINGS OF OPERATION		20. AUTOPSY?
	-		Yes No No
21. ACCIDENT (Specify) PLAC OF INJU	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNT	
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the	deceased from March	4, 1948, to March 27, 1951, that I last	
SIGNATURE Martin Gross	that death occurred atA.  (Degree or title)	25 p. m., from the causes and on the date	DATE SIGNED
mari- 8	vs. m.D.	Sykesville, Maryland	3/27/51
23. BURIAL, CREMATION DATE THEREO REMOVAL (Specify) BURIAL 3/30/51		edral Comes Falto. Md.	ounty) (State)
DATE REC'D BY LOCAL REGISTRAR'S	Reduct	24 FUNERAL DIRECTOR.	ADDRESS A
	On!	-91/211	ma:

M

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Baltimore

02444

### CERTIFICATE OF DEATH

Reg. Dist. No. 74

7 7 6 6 7 7 7			H & MORIAY PROGRAMATOR (	HOMB OF BROWN		
I. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY			
CITY (If outside corporate limit	A A- DUDA	MARYLAND L and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)			
OR give nearest town)		(in this place)	II. OR		L and give ne	arest town)
TOWN	enryton	2yrs.3mths.25	da TOWN Baltimor	e 23.		
HOSPITAL OR INSTITUTION OR			STREET ADDRESS	(If rural, give lo	cation)	1
STREET ADDRESS HEN	RYTON STA	TE HOSPITAL	220 N.	Stricker St		V
	irst)	(Middle)	(Last)		onth) (D	ay) (Year)
DECEASED (Type or Print) PEARI		CECILIA	BRISCOE	OF DEATH Mar	ch 2	7 1957
	OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	S. DATE OF BIRTH	9. AGE last birthday		
Female Negro		(Specify) Married	June 1,1924	26 утв.	Months Day	ys Hours Min
10a. USUAL OCCUPATION (Giv		10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	1 12 CI	ITIZEN OF WHAT
done during most of working life, e	even if retired)	INDUSTRY			Cour	NTRY?
House wife	1	Own home	St. Mary's, Co	MATYLENQ INAME	1	
Sam (Waters)	Rampar					
15. WAS DECRASED EVER IN U.S.		1 16. SOCIAL SECURITY NO.	Elizabeth E	arnes		
(Yes, no, or unknown) (If yes, give	war or dates of		17. INFORMANT AND	ADDRESS		
service)		1220-16-4357	Deceased			
		18. MEDICAL CE	RTIFICATION		7.	
I. DISEASES OR CONDITIONS	DIRECTLY I	LEADING TO DEATH				TERVAL BETWEEN NSET AND DEAT
// Immediate cause	(a)	Pulmonary Tuberd	ulosis	********************************		ct.1947
Amtacadant conce(a)						
Antecedent cause(s)  Diseases or conditions, if						
giving rise to the above of	ause					D NO 000 000 000 000 000 000 000 000 000
stating the underlying ca						
II. OTHER SIGNIFICANT CON	(e)					
Conditions contributing to the	leath but not					
related to the disease or conditi						
19a. DATE OF OPERATION	19b. MAJOR F.	INDINGS OF OPERATION			20	AUTOPSY?
						Yes No [
21. ACCIDENT (Specify) SUICIDE HOMICIDE	OF INJU	E (Home, farm, factory, street, office hidg., etc.)	(CITY OR	TOWN) (C	OUNTY)	(STATE)
TIME (Month) (Day) (Ye	1	INJURY OCCURRED	HOW DID INJURY OC	CCUR?		
OF INJURY	m.	While at Not While Work At work				
INJURI	113. (	WOLF O WE WOLF O				
22. I hereby certify that I	attended the	deceased from Dec. 2	1948 toMarch	27 1951. that	I last saw	the deceased
alive on March 27.	, 19., and	that death occurred at.6 (Degree or title)	ADDRESS	e causes and on the	date stated	d above.
Eleme J.	Laur		nryton, "arylan	d	3/2	27/51
REMOVAL (Specify)	MATE THEREO	NAME OF CEMETE	RY OR CREMATORY	Modann		(State)
DATE REC'D BY LOCAL   R	EGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO			DDRESS
REG. 3/27/51	Clark	A Swankhau		111 11:11		
3/K//3T 15		/ 1 6 6	The state of the s	" amingry		
	Deputy	Local	Lumand	course 1011a	-	-

1561 OE 87W GOPY SENT TO SS. REGISTMAR NO. OATE 3. 30-57

VS. A15

The correct age

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

02445

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Carroll MARYLAND	STATE Mary land COUN	TY
OR give nearest town)	CITY (If outside corporate limits, write RURAL and	give nearest town)
OR give nearest town) Sy Kes ville 2 in this place)	TOWN Balding	
HOSPITAL OR	STREET (If rural, give location)	,
INSTITUTION OR Springfella State Horas tal	ADDRESS 1532 John Street	0
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month)	(Day) (Year)
DECEASED / / A ACUR	DIDIDIO OF A	~
5. SEX   6. COLOR QR RACE   7. SINGLE; MARRIED,	S. DATE OF BIRTH   9. AGE last hirthday   If under	er 1 year  If under 24 hr
WIDOWED, DIVORCED,	12 0 1919 00 Month	s   Days   Hours   Min.
10d. USUAL OCCUPATION (Give kind of work   10h. Kind of Business or	11. BIRTHPLACE (State or foreign country)	10 Communication
done during most of working life even if retired) INDUSTRY	10:1 14 (h. )	12. CITIZEN OF WHAT
13. FATHER'S NAME	(City yell governore) Mary aced	4-27
Dola A D. T.	14. MOTHER'S MAIDEN NAME	
Robert Durion	I Sarah Spedden	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. (Yes, no, or unknown)   (If yes, give war or dates of	17. INFORMANT AND ADDRESS HOPPSEFAL	no a a mad.
(service)	iroquefac	THE INC.
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
P. Present and D.	da a	1
4221 Immediate cause (a) fulluouery Co		useers
Antecedent cause(s)	cardiovaseular disease	10
	Cardio-vaseular discase	18 years
giving rise to the above cause stating the underlying cause last		
(c)		
II OTHER SIGNIFICANT CONDITIONS	1	140
Conditions contributing to the death but not related to the disease or condition causing death.	altes	18 years
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNT)	Yes No B
SUICIDE OF office hldg., etc.) HOMICIDE INJURY	(our our rown)	i) (SIRIE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While	1000 212 200000	
INJURY m.   Work   At work	1	
22. I hereby certify that I attended the deceased from Sept. 19	1950 to March 7 1951 that I lost	saw the deceased
alive on March 7, 19.5%, and that death occurred at	P.m., from the causes and on the date	stated above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Carenes Sourcelet N.	D. Sprugfield Hate forpefal	3.7.1957
23. BURIAL, CREMATION   DATE THEREOF /   NAME OF CEMETE	RY OR CREMATORY   LOCATION (City, town, or cou	-4-) (0:)
REMOVAL (Specify) Was / 1857 / San of	(	inty) (State)
DATE REC'D BY LOCAL   REGISTRAR'S STENATURE	24. FUNERAL DIRECTOR	/ala
REG. OF CONTRACT REGISTRARS SIGNATURE		ADDRESS
2/0/3/ U.V. geaux	foring congen sout	K Halilipa
1111	1 0 1/0 0 1/2	2//
	18083	(0)

The correct age

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

02446

g. Dist. No. 74

1. PLACE OF DEAT	<b>H∙</b>		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY	Carroll	MARYLAND	Maryland Count	Baltimore
CITY (If outside c OR give nearest TOWN	orporate limits, write RUR town) enryton	AL and LENGTH OF STAY  18 (ing this place)	CITY (If outside corporate limits, write RURAL and g OR Dundalk-22	
HOSPITAL OR INSTITUTION OF STREET ADDRE		STATE HOSPITAL	STREET (If rural, give location) ADDRESS 2 Flemming Drive	
3. NAME OF DECEASED (Type or Print)	(First) JOHN	(Middle) THOMAS	(Last) 4. DATE (Month) OF CLANTON DEATH March	(Day) (Year) 25 19 51
Male	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	S. DATE OF BIRTH October 27.1915 35 yrs.	Days   Hours   Min.
done during most of w	ATION (Give kind of work vorking life, even if retired)	10b. Kind of Business or Industry Bethlehem Steel		2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM Joh	n H. Clanton		Mary Williams	
15. WAS DECKASED E (Yes, no, or unknown)	ver In U.S. Armed Forces (If yes, give war or dates service)	of Unknown	Mrs. Sallie Clanton, same addre	
		18. MEDICAL CE		1
I. DISEASES OR CO	ONDITIONS DIRECTLY			INTERVAL BETWEEN ONSET AND DEATH
Immediat	e cause (a)	Pulmo	nary Tuberculosis	December,
Diseases or giving rise to	ont cause(s) conditions, if any, to the above cause inderlying cause last (c)			1950
Conditions contribu	CANT CONDITIONS uting to the death but not se or condition causing dea	th.		
19a. DATE OF OPE	RATION 19b. MAJOR	FINDINGS OF OPERATION		Yes No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office bidg., etc.) URY	(CITY OR TOWN) (COUNTY	
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED   While at   Not While   Work   At work	HOW DID INJURY OCCUR?	
			7, 1951, to Mar25, 19.51, that I last a second on the date second on the da	
23. BURIAL, OREM REMOVAL (Spec	13-29-	'57 Carren 6	ny OR CREMATORY LOCATION (City, town, or cour. n. Caroline Walner Co. n.	Caroline
DATE REC'D BY REG. 3-25-5	LOCAL REGISTRAR'S	SIGNATURE	Mrs nate R. Williams	ADDRESS
	D	eputy Local	222 n Schooder Street	920221

in the second

COPY SENT TO REGISTRAR NO. BATE



MARGIN RESERVED FOR BINDING

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	l

Dvidence for change in #9 shown on:

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

### 1 - 1 MAD 19 10 GERTIFICATE OF DEATH

Reg. Dist. No. 74

(30) 110. C	TOT WHILTON	/31			
1. PLACE OF DEATH Barroll County MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY		
CITY (If outside c OR give nearest TOWN	orporate limits, write RUR. town) Sykesville	AL and   LENGTH OF STAY   19in year State)		rate limits, write RURAL and gi	ve nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRE	R Springfield	State Hospital	STREET ADDRESS 4109	Harrington Road	1/
3. NAME OF DECEASED (Type or Print)	(First) Ruth	(Middle) E	(Last) Cohen	4. DATE (Month) OF March,	(Day) (Year) 12, 19 51
female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE	s. DATE OF BIRTH 7-17-01	45 47 ym.	Days   Hours   Min.
done during most ce	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	South Caroli	na	2. CITIZEN OF WHAT COUNTRY? U.S.A
	cob Cohen		Jennie Emman	uel	
15. WAS DECRASED E (Yes, no, or unknown)	ver In U.S. Armed Forces (If yes, give war or dates of service)	16. Social Security No.	Hospital rec	ADDRESS ords	
Immediat Anteceder Diseases or giving rise to stating the u	e cause  nt cause(s) conditions, if any, o the above cause underlying cause last  (c) (CANT CONDITIONS	18. MEDICAL CE LEADING TO DEATH Carcinoma of the in bones and lung	left breast wit	h metastases	INTERVAL BETWEEN ONSET AND DEATE
Conditions contribu	iting to the death but not see or condition causing deat.		, hebephrenic t	ype over	
May 9, 19 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY  22. I hereby cert	Specify)   PLA OF INJU	CE (Home, farm, factory, street, office bldg., etc.) RY INJURY OCCURRED While at Not While Work At work	How DID INJURY OF 1942, to 3-12-		(STATE)
SIGNATURE	L. Hitchmis	(Degree or title)	ADDRESS pringfield State		DATE SIGNED 3-12-51
23. BURIAL, CREM			RY OR CREMATORY	LOCATION (City, town, or coun	(State)

VS. A15



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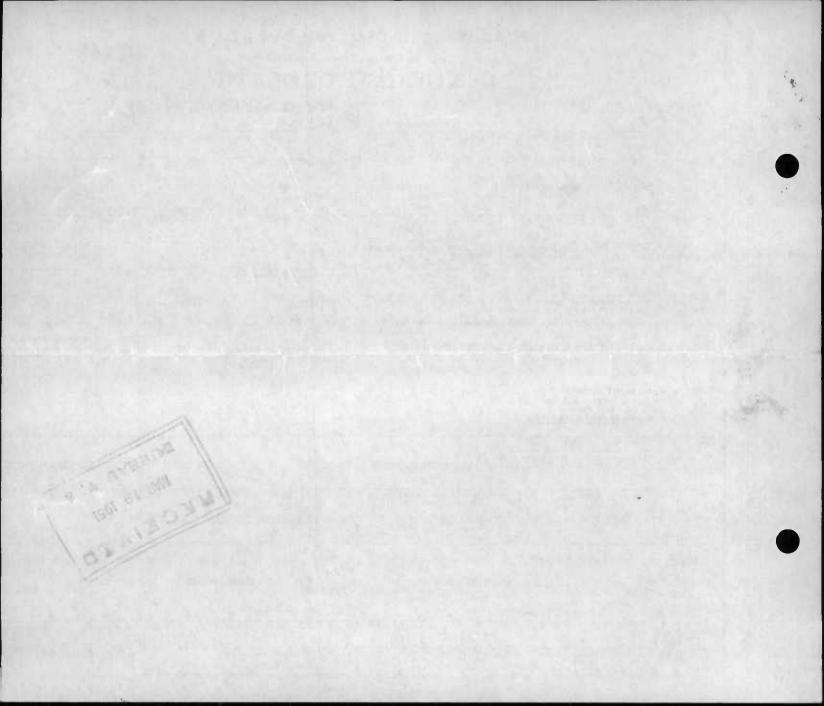
2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

112448

eg. Dist. No. 5

I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	. 1
COUNTY	STATEGREE COUNTY	11
OR give nearest town) write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, while BURAL and give	nearest town)
HOSPITAL OR OR SURGE STRUCKS	TOWN WILLOW BULLER	
HOSPITAL OR INSTITUTION OR	STREET (U rural, give location)	
STREET ADDRESS Moderau	morehand	
3. NAME OF DILSE CILLIAGIO	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) / U > > C > > M   C   A   C	JUNE 19 HIV DEATHER COU	12 195/
5. SEX 6. COLOR OR RACE 7. STNGLE, MARRIED, WIDOWED, DIVERCED, SOCIETY, SOC	S. DATE OF BIRTH 9. AGE last hirthday II under 1	year   If under 24 hrs. Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  INDUSTRY  INDUSTRY		CITIZEN OF WHAT
13. FATHER'S NAME O O	14. MOTHER'S MAIDEN NAME	1
Thank n. Coleman	Douise Samleer	V.
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS 60	12 1 20
(Yes, no, or unknown) (If yes, give war or dates of service) work	Nach To Colonian Meion	Bulse lie
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET DEATH
Dogeting a	cute Probably Virus)	3 days
Immediate cause (a)		
Antecedent cause(s)		
Diseases or conditions, if any, (b) giving rise to the above cause	0 1 000 * 1770 \$ \$ *** 000 000 1 1 0 000 000 1 0 10 \$ \$ **********	*****************************
stating the underlying cause last		
11. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not		
related to the disease or condition causing death.  19a, DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	1	20. AUTOPSY?
See Divide of California and Califor		Yes No No
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	: (CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
4/24	3/12	
22. I hereby certify that I attended the deceased from 4/24	19.50, to	w the deceased
alive on 3/1/ 19.5/, and that death occurred at	9 30 Am. from the causes and on the date sta	ted above
SIGNATURE: (Degree or title)	ADDRESS	DATE SIGNED
M. E. Kohertson M. Q.	New Windsor, md.	3/13/5/
23. EURIAL, CREMATION DATE THEREOF NAME OF CEMETE (HAMOVAL (Speedy) 3/14/57	RY OR CREMATORY LOCATION (City fown, or county	(State)
DATE REC'D BY LOCAL PRICASTRAR'S SIGNATURE	24/ FUNERAL OFRECTOR //	/ DDDDDD
REG.	MI CONDINECTOR	ADDRESS
March 13 198 Lestro July	W. W. Harthy Son	AUDRESS
Mary 13, 198 gested Jept	W. C. Faither toos	AGORESS

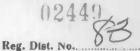


VS. A15A

The correct age

### MARYLAND STATE DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS



100105

I. PLACE OF DEATH COUNTY	Carroll		2. USUAL RESIDENCE (R		EASED COUNT	*h11	
		MARYLAND					
OR give nearest town)	Sykesvill	AL and LENGTH OF STAY (in this yr tag)	OR RUTAL	Syke			own)
HOSPITAL OR INSTITUTION OR STREET ADDRESS			STREET ADDRESS	(If rurai, g	rive location)		
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE OF	(Month)	(Day)	(Year)
	HN	IMOMAS	DAY	DEATH	mar.	N	19 3/
	hite	7. SINGLE, MARRIED, WIDOWED BLYORCED (Specify) WILLOW	8. DATE OF BIRTH 7-4-1862	9. AGE last hirt	yrs. If under Months	Days H	ours   Min.
don would occupation don working !		10b. KIND OF BUSINESS OR	Maryland	r foreign country)	1	Country?	OF WHAT
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	•		
		ay	Not kno	wn			
15. WAS DECEASED EVER IN (Yes, no, or unknown) (If yes, no, or unknown) (If yes, no, or unknown)	J.S. ARMED FORCES	7   16. SOCIAL SECURITY NO.	17. INFORMANT	0		3.63	
no service		"I none	Roger H. Day	, Syke:	sville,	Md.	
The second		18. MEDICAL CE	RTIFICATION			1	L BETWEEN
I. DISEASES OR CONDITI	ONS DIRECTLY	LEADING TO DEATH		•			ND DEATH
		0.7	Tio C-0 0	1		7	1
, Immediate caus	e (a)	wiens sean	tes L-0	unca			
4221	(0)						
Antecedent caus							
Q a giving rise to the ah	ove cause	aranca anno a an 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		***************************************	*****		A
stating the underlying	g cause last						
II. OTHER SIGNIFICANT	CONDITIONS					1	
Conditions contributing to related to the disease or contributions	the death hut not	h.					
		INDINGS OF OPERATION				20. AUT	OPSY1
						Yes 🗇	No 🗆
21. EXTERNAL CAUSE W. PRIMARY OR CONTRIL CAUSE OF DEATH.	AS BUTING   PLAC OF INJU	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	rown)	(COUNTY		ATE)
TIME (Month) (Day)		INJURY OCCURRED	HOW DID INJURY OC	CUR?		-	
OF INJURY	m.	While at Not while work   at work	F 2.4				
22. I certify that I took c	harge of the rema	ins described above, held an A	lutopsy [], Inspection 💆	Triquiry -	thereon and	from the	evidence
		Inquiry, find that said dece		ed above, and d	eath in my	opinion	resulted
SIGNATURE	acciaeni L	], suicide [], homicide [], (Degree or title)	ADDRESS			DATE	SIGNED
SIGNATURE	0	(Believe of the	ADDIGOS -	7	n. K	3/2	1 -
James 1 Mors	L Proutes	Thedeld lexumer	premu	May 1	uy-	0/2/	51
23. BURIAL, CREMATION REMINIAT ASPECITY)	3-5-1951	OF   NAME OF CEMETE		Carroll		Md .	(State)
DATE RECID BY LUCAL	1		24. FUNERAL DIRECTO		,	ADDRI	ESS
March 41957	Educa	m. Hewitt	C. M. Waltz	n . n . h	field,	Md.	



### MARG

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

()2450/19 Reg. Dist. No.

1. PLACE OF DEATH- COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	Carroll
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (1) this price)	CITY (If outside corporate limits, write RURAL and giv OR TOWN	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS	
8. NAME OF DECEASED (Middle) (Type or Print)	Willer 4. DATE (Month) OF DEATH MARCH	(Day) (Year)
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH   9. AGE last birthday   If under	
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)  LEGUSTRY	11. BIRTHPIACE (State or foreign country)   12	COUNTRY! U. SA
Chas. N. Klilles	14. MOTHER'S MAIDEN NAME	7
16. Was Deceased Even In U.S. Armed Forces? (Yes, no, qrunknown) (If yes, give war or dates of larvice) 13-24-79	o mo Carrie K. Sliller &	letour my
18. MEDICAL CER	RTIFICATION	1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1.4.	INTERVAL BETWEEN ONSET AND DEATH
422 Immediate cause (a) Chrome m	gocardo 45	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	erosis	
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		An area - an planting area and property and
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at INJURY m. INJURY At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2		
alive on Til. 28, 195/, and that death occurred at	ADDRESS Now The causes and on the date sta	ated above. DATE SIGNED 3/2/5/
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER BUMOVAL (Special)	Ceph Bordskoro	ma
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. Mar. 2 1957 Blayely J. Eylet	24, FULL DIRECTOR The The	ADDRESS
Des &	10010	5 ma

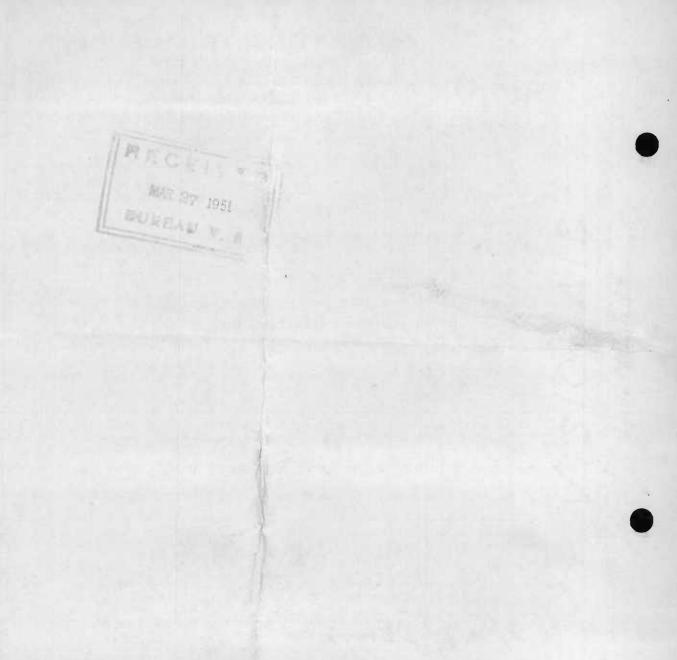
MAR 5 1950 BUREAU V, 8

### CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

02451

Reg. Dist. No...

I. PLACE OF DEATH) COUNTY  MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN  (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR 13 9 Pennsylvonia av	STREET (If rural, give location) ADDRESS 3 9 Percusylvonia (htt
3. NAME OF (First) (Middle) DECEASED (Type or Print)	(Last) 4. DATE (Month) (Day) (Year) OF DEATH March 2 3 195
6. SEX  6. COLOR OR RACE  7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 brs. 12-17-1876 7 4 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. Kind of Business or Industry  Industry	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COMPTRY!
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of Mone) service)	17. INFORMANT N. Hoppe Joppa, Mr.
18. MEDICAL CE	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a)	Wry allelal
480, / Antecedent cause(s) Disease or conditions, If eny, (b) arterio celebration	C. V desine years
932 glving rise to the above cause stating the underlying ceuse lest	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not releted to the disease or condition causing death.	
19a: DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No 🗷
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH. INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Dey) (Year) (Hour)   INJURY OCCURRED   While et   Not while   INJURY   m.   work   et work	HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece	ased died on the day stated above, and death in my opinion resulted
from: natural causes , accident , suicide , homicide , SIGNATURE (Degree or title)	undetermined □. ADDRESS DATE SIGNED
James Thorax Deputy Medical Exami	us Wistenmenter Mrs 3/28/57
MEMOVAL (Stylly) Mor 26-1951 Kriters C	RY OR CREMATORY LOCATION (City, town, or county) (State)  Washuman
REG. TO BY LOCAL L BEGINFRIES SIGNATURE	124. FUNERAL DIRECTOR ADDRESS MBaykard Don Westminster. Med.



VS. A15A

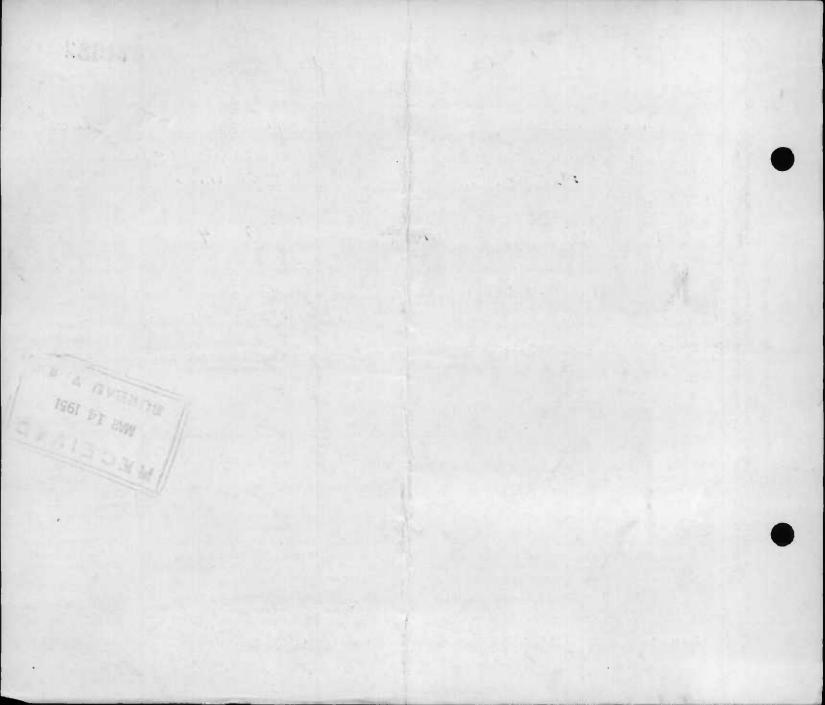
14

### MARYLAND STATE DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

112452

I. PLACE OF DEATH.	A & LIGHT DESIDENCE (VOME) OF PROPERTY	
COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED.	1
ARROLL MARYLAND	(1/1 12)	CAPROLL
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	re nearest town)
OR give nearest town) TOWN WESTMINISTER (In this place)	TOWN WESTMINSTER	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS #1 = 1/4/A/A/A/	ADDRESS 133 6. Main	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) STERLING FRANCIS E	CKENROJE DEATH March	9 195
5. SEX 6 / 6. COLOR OR RACE   7. SINGLE, MARRIED.		I year  If uoder 24 hrs
WIDOWED DIVORCED (Specify) NORCED	Months I	Days Hours Min.
I IUS, IISUAL, OCCUPATION (Give kind of work   10h Kind of Ritorning of	11. BIRTHPLACE (State or foreign country) 12	. CITIZEN OF WHAT
done during most of working illegeven if retired) I Appus RAY  OVERS IN ER OF DELICATION OF THE PROPERTY	MD.	COUNTRYT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0.3.
GEORGE F. ECKENRODE	1 O F T	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.		
(Yes, no, or unknown)   (II yes, give war or dates of 220-16-396-4)	10	Maini, A.
VES Iservice) W. W. I were	GEORGE LECTENRODE WES	MINSTER. MI
18. MEDICAL CE	RTIFICATION	1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
	- Reelies	Onder And Danie
100 / Immediate cause (a)	arling at	5 min.
The state cause		
Antecedent cause(s)		
94a Diseases or conditions, if any, (b)		
stating the underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS		1
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
DATE OF OTERATION 130. MANOR PENDINGS OF OTERATION		
		Yes No
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF White at Not while	11011 212 1110111 000011	
INJURY m. work at work		
22. I certify that I took charge of the remains described above, held an A	Autonou D Inangation D Inquire D thousan and	form the oniders
obtained by said Autopsy, Inspection or Inquiry, find that said dece	pased died on the day stated above and death in my	oninion resulted
from: natural causes , accident , suicide , homicide ,		opinion resumed
SIGNATURE (Degree or title)	ADDRESS A	DATE SIGNED
(/ -4/ / A - W / )	. 1	= 1 = 1
James / March Nepuly Medical 4	secure 11/ relevender 14	3/9/57
22 DUDIAL CREMATION I DATE THEREOF LINAME OF CEMETE	RY OR CREMATORY   LOCATION (City, town, or count	(State)
REMOVAL (Specify)	F - 111-1 -1 /n. 1	
DATE REC'D, BY LOCAL PREGISTRAB'S SIGNATURE	24. FUNERAL BIRECTOR	ADDRESS
REG. 2 LOCAL TREGISTICAR SSIGNATURE	1100 DIRECTOR	ADDRESS
21 19 Musastun	Widankeurs from Wiamenston	med.
1 1011		
	47 Mx 09	/
	/// //	63



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

Evidence for addition of 21 shown on:

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

solto 11245;

M No.	G	15	1 APR	2 1951	CERTIFICATE	OF	DEATH
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Reg. Dist. No. 74

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	6) 1.
COUNTY Carroll MARYLAND	STATE Maryland CO	DUNTY GALG
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) Sykesville (in this place) 50 Sykesville	CITY (If outside corporate limits, write RURAL s OR TOWN Baltimore	and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital	STREET (If rural, give locate ADDRESS Frederick & Shady N	
S. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month	(= -0)
(Type or Print) Edward Joseph	FARLEY DEATH Mar	20 5
s. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWECED, (Specify) SINGLE	8. DATE OF BIRTH 2/19/84  9. AGE last hirthday If M	under 1 year onths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) INDUSTRY INDUSTRY ACVORDING SALESMAN	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT United! States
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
George Farley	Mary McMahon	
15. Was Decrased Ever In U.S. Armed Forces?   16. Social Security No. (Yes, no, or unknown)   (If yes, give war or dates of	17. INFORMANT	
unknown service) unknown	Records - Springfield State	Hospital
18. MEDICAL CER	TIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
$\omega$ . $\omega$	0-8, 00	1.1.
Immediate cause (a)	randitioned,	13-119
Antecedent cause(s) Mycardial Degente	nation .	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	erebal Chilerio Edero	no 12 yrs
(e)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death.	& left fermin	6 days
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE ACCIDENT OF ORDER LONG STREET OF STREET		rroll Md.
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR? Patient t	ripped over
OF   While at   Not While   INJURY   Mar 2-1951-7.40man   Work   At work	water retainer and fell in sh	ower room
22. I hereby certify that I attended the deceased fromFeb		1110100000
alive onMarch8, 1951, and that death occurred at13 SIGNATURE (Degree or title)	ADDRESS	ate stated above. DATE SIGNED
J. Oughua Neyer - 11:0.	Sykesville, Maryland	3/8/51
REMOVAL (Specify) 3-13-5/ Called	hal com Wallown	county) Man
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 MERAL DIRECTOR Farley	Of ADDRESS
	The state of the s	

· / / . 468 IIc

2411 N. Charles Street, Baltimore

130

02454

### CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH-		2. USUAL RESIDENCE (HOME) OF DECEASED-	
Carroll	MARYLAND	STATE Maryland COUNT	Υ
CITY (If outside corporate limits, write OR give nearest town) Syke		CITY (If outside corporate limits, write RURAL and of	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfi	eld State Hospital	STREET (If rural, give location) ADDRESS unknown	/
3. NAME OF (First) DECEASED (Type or Print)  Orsey	(Middle)	(Last) 4. DATE (Month) FEICHT OF DEATH March	(Day) (Year) 8 195
s. sex male s. color or ra	WIDOWED, DIVORCED, (Specify) separated	8. DATE OF BIRTH 9. AGE last birthday II under Manths. April 8, 1889 61 yrs.	I year If under 24 hr. Days Hours Min
done during most of working life, even if re Laborer	work 10b. KIND OF BUSINESS OR tired) INDUSTRY	Pennsylvania   U	2. CITIZEN OF WHAT COUNTRY! States
13. FATHER'S NAME	/	14. MOTHER'S MAIDEN NAME	
William Feight		Elizabeth Seigle	
15. WAS DECRASED EVER IN U.S. ARMED I (Yes, no, or unknown) (If year, give war or unknown service)		17. INFORMANT AND ADDRESS Records - Springfield State Hos	pital
I. DISEASES OR CONDITIONS DIRECT	18. MEDICAL CO		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchopneumonia		3 days
Antecedent cause(s)			LOS IN IT
Diseases or conditions, if any, giving rise to the above cause stating the anderlying cause last	(b)		** 40 40 40 60 0000000000000000000000000
II. OTHER SIGNIFICANT CONDITION Conditions contributing to the death but related to the disease or condition causing the Department of the disease or condition causing the Department of the disease or condition causing the disease or condition causing the disease or condition causing the disease or condition to the disease or condition	(c) NS i not in death. Huntington's Cho	orea	about 22yrs
19a. DATE OF OPERATION   19b. MA	JOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) SUICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	
TIME (Month) (Day) (Year) (HOF INJURY	our)   INJURY OCCURRED   While at   Not While   Not Work   At work	HOW DID INJURY OCCUR?	
,		12, 1948, to March 8, 1951, that I last s	
signature Martin Gro	, and that death occurred at	11:50p.m., from the causes and on the date st ADDRESS Sykesville, Maryland	tated above. DATE SIGNED 3/9/51
mainn	a. m. D.		
BURIAL, CREMATION DATE BUMOVAL (Specify)  Max	14 1961 Ulicon Mc	ERY OR CREMATORY LOCATION (City, town, or coun	(State)
national registr	any feer	24 FUNERAL DIRECTOR The starrison	ADDRESS wille Pa
		820	0/05

WE IS 1951

GENTSON

VS. A15

The correct age

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY	STATE	SIDENCE (HOME) OF DE	CCEASED
MARYLA  CITY (If outside corporate limits, write RURAL and   LENGTH O		outside corporate limits, write	RURAL and give nearest town)
OR give nearest town (in this TOWN	TOWN	wooding	
HOSPITAL OR INSTITUTION OR Josnella Real for	STREET	rural	give location) Wordbine fits.
3. NAME OF (First) (Middle) DECEASED (Type or Print)	Field	4. DATE OF DEATH	(Month) (Day) (Year)
5. SEX  6. COLOR OR RACE WIDOWED, DAY (Specify)	RCED!		irthday If under 1 year If under 24 hrs. Months Days Hours Min.
10d. USUAL OCCUPATION (Give kind of work done during most of working life, even it retired)  10b. Kind of Business and Working life, even it retired)	INESS OR II. BIRTHE	ACE (State or foreign countr	
13. FATHER'S NAME OF H. Lake	14. MOTHE	US MAIDEN NAME	trell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY (Yes, no, or unknown) (If yes, give war or dates of service)	TY NO. 17. INFORM	lou I. b	uter
	DICAL CERTIFICATION	The same of the sa	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT		0	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Chulral h	marhage		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		alor deise	0
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	desurarm	due 10 Herrie	, Chauper
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
			Yes □ N⊷□
21. ACCIDENT (Specify) PLACE (Home, farm, factor OF office bidg., etc.) INJURY	ry, street,	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRE OF While at Not W Work		INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2.	6th March 105-1	dethe 10.5%	About Tiles Assess the live and
( R.M)		0, 19.9	, that I last saw the deceased
alive on 1951, and that death occur SIGNATURE (Degree or ti	tle) ADDRESS	., from the causes and c	DATE SIGNED
SHawom . m.D.	Dykasville,	Marylavel	26th March, 1951
REMOVAL (Specify) 3/26/51 Regula	CEMETERY OR CREM	Kocken	ty, town, or county) (State)
DATE REC'U BY LOCAL RESTRAYS SIGNATURE REG. 7 265 1 AM & M. HELL	IL FUNERA	L DIRECTOR	Rhren Belley do
779		7	0 4 4



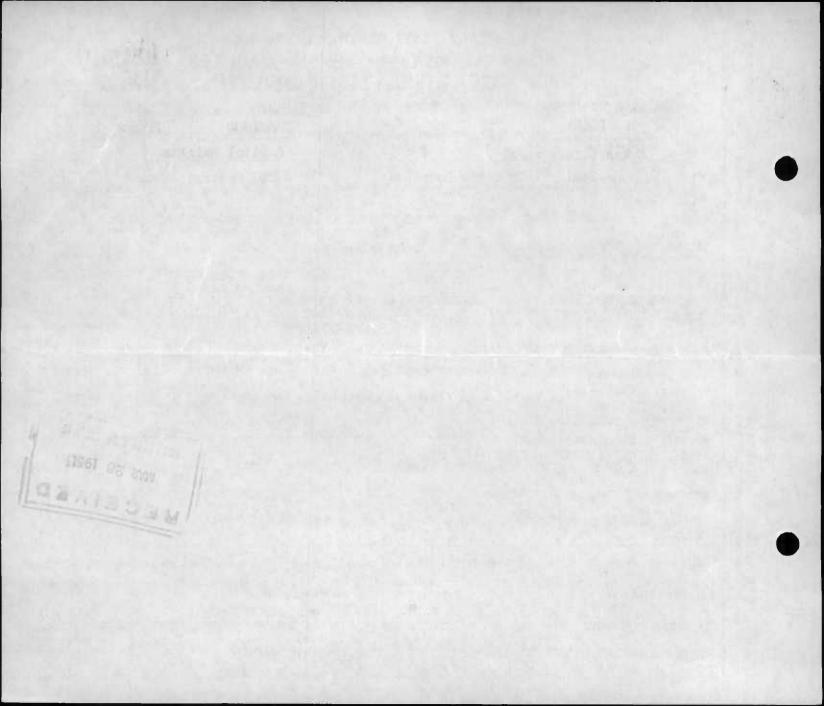
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

02456

1. PLACE OF DEAT	H·		2. USUAL RESIDENCE (I		
COUNTY	IRROLL	MARYLAND	STATE MARYTAI	D Princ	e George's
CITY (If outside c	orporate limits, write RUR.	AL and   LENGTH OF STAY		ate limits, write RURAL as	nd give nearest town)
TOWN SVK	town) esville - rural	(in this diace)	TOWN Capito	l Heights	
HOSPITAL OR			STREET	(If rural, give location	(00)
STREET ADDRE	R Springfield	State Hospital	ADDRESS 5807 (	Central Avenue	<b>✓</b>
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)	PEARL	JEANNETTE	FOWLER	OF DEATH 3	22 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE last birthday   If u	nder 1 year  If under 24 hrs
F	W	WIDOWED, DIVORCED (Specify) III VOICEd	5/25/99	51 ym.   Mo	nths Days Hours Min.
10a. USUAL OCCUP	ATION (Give kind of work	10b. Kind of Business on Industry	11. BIRTHPLACE (State	r foreign country)	12. CITIZEN OF WHAT
	gorking life, even if retired)	Stone	Benning, Mary		QUINTE T
13. FATHER'S NAM			14. MOTHER'S MAIDEN		
Milton			Roseanna		
(Yes, ma. or unknown)	VER IN U.S. ARMED FORCES	7 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	- * 1 -3
Mulmou	(Il yes, give war or dates (	" uull,	necord, Spring	field State Ho	spital
		18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CO	NDITIONS DIRECTLY				INTERVAL BETWEEN ONSET AND DEATH
		B.O. L. O. T	-1 - 0		
Immediat	e cause (a)/	Bilateral tue	b trailous /	ueucuonia	12 days
Anteceder	nt cause(s)	0.14 0-0			ma other
1 Diseases or	conditions, if any, (b)	Sela rever peur	nevu any too	* 1 **********************************	ast 6 ever
giving rise to	o the above cause inderlying cause last		1		
	(c)				
II. OTHER SIGNIFI	CANT CONDITIONS				
Conditions contribu	se or condition causing deat	. Schizophreni a	a .		indefinite
19a. DATE OF OPE	RATION   19b. MAJOR I	INDINGS OF OPERATION			20. AUTOPSY?
					Yes 🖾 No 🗆
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street,	(CITY OR	OWN) (COUR	
SUICIDE HOMICIDE	OF INJU	office bidg., etc.)			
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED			
	(Day) (Year) (Mour)		HOW DID INJURY OC	CUR?	
OF INJURY	m.	While at Not While Work At work	HOW DID INJURY OC	CUR?	
INJURY	m.	While at Not While Work At work			
INJURY	m.	While at Not While			st saw the deceased
22. I hereby cert	m. ify that I attended the	While at Work Not While At work at deceased from 3/15	, 19.51., to 3/2	2, 1951., that I la	
INJURY	m. ify that I attended the	While at Not While Work At work	, 19.51., to 3/2	2, 1951., that I la	
22. I hereby cert	m. ify that I attended the	while at Work Not While At work at deceased from 3/15 dthat death occurred at 12	, 19.51, to3/2 Noon m, from the	2, 1951, that I is	te stated above.  DATE SIGNED
22. I hereby cert alive on SIGNATURE	ify that I attended the 3/22, 19.51, and	while at Work   Not While Work   At work    e deceased from 3/15  d that death occurred at 12  (Defree or title)  Vac N. D.	, 19.51, to3/2 Noonm., from the ADDRESS Sykesville, Ma	2, 1951, that I is causes and on the dateryland	te stated above. DATE SIGNED 3/22/51
22. I hereby cert	ify that I attended the 3/22, 19.51, and	while at Work   Not While Work   At work    e deceased from 3/15  d that death occurred at 12  (Defree or title)  Vac N. D.	Noon m., from the Address Sykesville, Ma	2, 1951, that I is causes and on the date ryland	te stated above. DATE SIGNED 3/22/51
22. I hereby cert alive on	ify that I attended the 3/22 , 19.51, and ATION DATE THEREORISM.	while at Work   Not While Work   At work    e deceased from 3/15  d that death occurred at 2  (Defree or title)  For NAME OF CEMETE.	, 19.51, to3/2 2. Noonm., from the ADDRESS Sykesville, Ma RY OR CREMATORY   1	2, 1951, that I is causes and on the date ryland	te stated above. DATE SIGNED 3/22/51
22. I hereby cert alive on SIGNATURE  23. BURIAL, CREM REMOVAL Spec	ify that I attended the 3/22, 19.51, and ATION DATE THEREORITY)  3/23/3	while at Work   Not While Work   At work    e deceased from 3/15  d that death occurred at 2  (Defree or title)  For NAME OF CEMETE.	Noon m., from the Address Sykesville, Ma	2, 1951, that I is causes and on the date ryland	20 stated above. DATE SIGNED  3/22/51  (State)



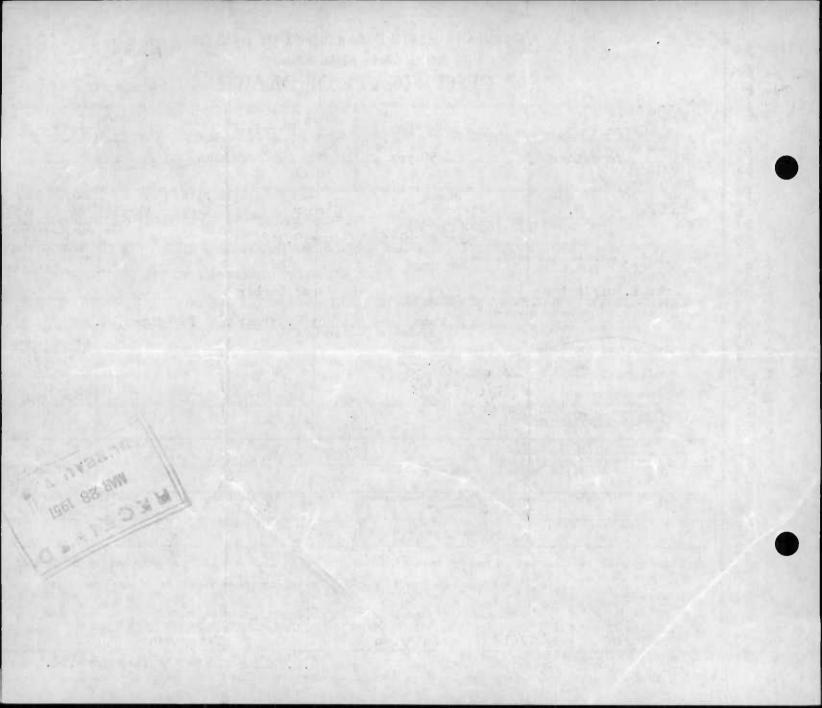
2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

02457

1. PLACE OF DEATI COUNTY	<b>1</b> •		2. USUAL RESIDENCE (F	HOME) OF DECEAS		
County	011	MARYLAND	Maryland	3	COUNTY	11
		AL and   LENGTH OF STAY	CITY (If outside corpora			
CITY (If outside co OR give nearest TOWN	town)	(in this place)	OR TOWN Tanes	ztown		
HOSPITAL OR	neytown	Ju yrs	STREET	(If rural, give l	ocation)	
INSTITUTION OF STREET ADDRES	SS		ADDRESS			
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (M	(Day	
(Type or Print)	В.	Blanche	Garner		arch 24	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	June 9.1884	9. AGE last birthday 66 yrs.	If under 1 year Months   Days	
10a. USUAL OCCUPA	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State of		1 12. CITI	ZEN OF WHAT
done during most of w	orking life, even if retired)	Industry Own home	Md		COUNT	
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN	NAME .		
John E.Bi	uffington		Agnes Garber			
	ER IN U.S. ARMED FORCES		17. INFORMANT AND	ADDRESS		
1	(If yes, give war or dates leervice)	none	Roy B. Garner	Taneyto	wa Ma	
no	100 110)	IS. MEDICAL CE		Talleyia	MULANICA	
			AIM JORIJON			BVAL BETWEEN
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH	1	1	ONBI	ET AND DEATH
		100000	for me our !	mel.	E	in Mile
260x Immediate	e cause (a)	Cuc-	o or orange	Je June		7.
Anteceden	t cause(s)	77.	- Tealer		1	011.
Diseases or c	conditions, if any, (b)	Crape	y mell	eluc		172.
	the above cause nderlying cause last					
stating the d	(c)					
D. OTHER SIGNIFI				1 1	1	
Conditions contributed to the disease	ting to the death but not se or condition causing deat		Ween R	too	, 5	him.
19a. DATE OF OPE	RATION 19b. MAJOR	FINDINGS OF OPERATION			20.	AUTOPSY?
					Yes	No P
21. ACCIDENT	(Specify)   PLA	CE (Home, farm, factory, street,	(CITY OR T	OWN) (	COUNTY)	(STATE)
SUICIDE HOMICIDE	OF INJ					
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OC	CURT		
INJURY	m.	Work At work				
		3/20	· 4 2/2	V .51		
22. I hereby certi	ify that I attended th	e deceased from 2/28	, 19 7.0, to 2/4	, 19.—	I last saw th	e deceased
	3/17 1051	1 42 - A - A - A - A - A //	.450 - 1-1		. 1.4	
alive on	/, 19, at	d that death occurred at//.	ADDRESS	causes and on the	e date stated	above. TE SIGNED
SIGNATUAT.	1 min	150	10	- )_	, 5	14/
04.	(1.011.0a	ugh m. U.	ancepto	vu. Ma	. 2/	26/51
23. BURIAL, CREM. REMOVABURA	ATION DATE THERE 3/27/151	Lutheran	RY OR CREMATORY	COCATION (City, town	n, or county)	(State) Md
DATE REC'D BY	LOCAL   REGISTRAR'S	SIGNATURE //	24. FUNERAL DIRECTO	R	AD	DRESS
a prod c .	957 Ether	M Mehrings	C.O.FUSS &	SON	aneytown,	, MICI .

tocal.



MARGIN RESERVED FOR BINDING

VS. A15

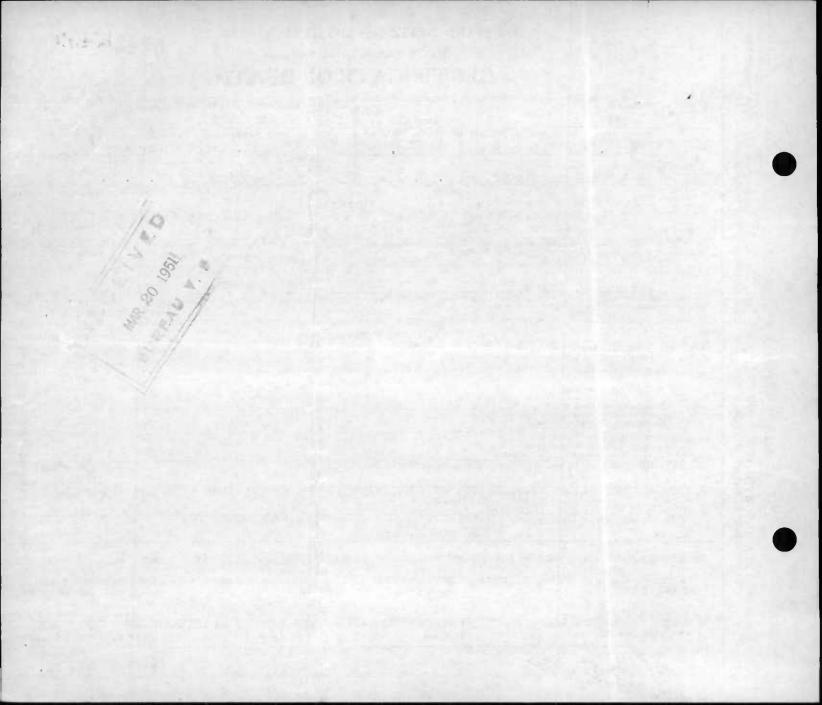
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

02458

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED-	
COUNTY Carrell MARYLAND	STATE Maryland COUNTY	Carroll
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
OR give nearest town) TOWN Rural, Near Silver Run (in this place) 5 yrse	TOWN Rural, Near Silver Run	
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	
STREET ADDRESS Westminster. Md R. D. 1	Westminster, Md. R. D.	1
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month)	(Day) (Year)
	osnell OF JEATH 3/15/51	(Day) (Tear)
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	11 - 11 1 -	1 year ill under 24 hrs.
Male White WIDOWED, DIVORCED, (Specify) Married	7/28/1885 65 yrs. Months.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work) 10b. Kind of Business on	1 11. BIRTHPLACE (State or foreign country) 1 12	CITIZEN OF WHAT
done during most of rorking life, even if retired) INDUSTRY HOSPITAL Attendant Hospital	Baltimore County, Md.	COUNTRY U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
George G. Gosnell	Sarah Simmons	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	R. D. 1
(Yes, no, or unknown) (If year, give war or dates of 2/2-22-2769	Mrs Rox Stos rell Westminste	er. Md.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) chronic en diae	d1.00	
Immediate cause (a) Chronic Endial	***************************************	1-2 413.
34. 3Antecedent cause(s)		
Diseases or conditions, if any, (b)		
giving rise to the above cause stating the underlying cause last		
(c)		w
II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.		2 m os
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		DE 111 03
		20. AUTOPSY?
21. ACCIDENT (Specify)   PLACE (Home, farm, factory street	: (CITY OR TOWN) (COUNTY)	20. ACTOPSY? Yes No S
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	20. AUTOPSY?
SUICIDE Office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	(CITY OR TOWN) (COUNTY)  HOW DID INJURY OCCUR?	20. ACTOPSY? Yes No S
SUICIDE OF office bldg., etc.) HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While		20. ACTOPSY? Yes No S
SUICIDE HOMICIDE OF office bldg., etc.)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	20. ACTOPSY? Yes No K
SUICIDE OF office bldg., etc.) HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	20. ACTOPSY? Yes No K
SUICIDE HOMICIDE OF office bldg., etc.)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY OR At work   22. I hereby certify that I attended the deceased from Man.	HOW DID INJURY OCCUR? , 1951, to Man 15, 1951, that I last se	20. ACTOPSY? Yes No (STATE)
SUICIDE HOMICIDE OF office bldg., etc.)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR? , 1951, to Man 15, 1951, that I last se	20. ACTOPSY? Yes No (STATE)
SUICIDE HOMICIDE OF office bldg., etc.)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While at Not While At work   22. I hereby certify that I attended the deceased from Man	HOW DID INJURY OCCUR?  1951, to Man 15, 1951, that I last so A. m., from the causes and on the date sta	20. ACTOPSY? Yes No K (STATE)  aw the deceased ated above. DATE SIGNED 3-15-51
SUICIDE HOMICIDE  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While at Not While At work   22. I hereby certify that I attended the deceased from Man.  alive on Man. 1951, and that death occurred at	HOW DID INJURY OCCUR?  1951., to May 15., 1951., that I last so ADDRESS ADDRESS ADDRESS ADDRESS ARY OR CREMATORY   LOCATION (City, town, or count	20. ACTOPSY? Yes No S (STATE)  We the deceased ated above. DATE SIGNED  3-15-51
SUICIDE HOMICIDE  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While at Not While At work   22. I hereby certify that I attended the deceased from Man.  alive on Man. 1951., and that death occurred at Degree or title)  23. BURIAL CREMATION DATE  REMOVAL (Specify) 3/17/51 Pleasant 2  DATE REMOVAL (REGISTRAR'S SIGNATURE)	HOW DID INJURY OCCUR?  1951, to Man, 5, 1951, that I last so ADDRESS ADDRESS AUTICATION (City, town, or count, or co	20. ACTOPSY? Yes No S (STATE)  We the deceased ated above. DATE SIGNED  3-15-51
SUICIDE HOMICIDE  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While at Not While at Not While At work   22. I hereby certify that I attended the deceased from Man. / alive on Man. / and that death occurred at SIGNATURE  SIGNATURE  23. BURIAL CREMATION DATE  REMOVAL (Specify)  3/17/51  Pleasant /21	HOW DID INJURY OCCUR?  1951, to Man 15, 1951, that I last so and on the date standard Page 100 Country   Location (City, town, or country   Location (City,	20. ACTOPSY? Yes No K (STATE)  aw the deceased ated above. DATE SIGNED 3 - / S - S / y) (State) ADDRESS



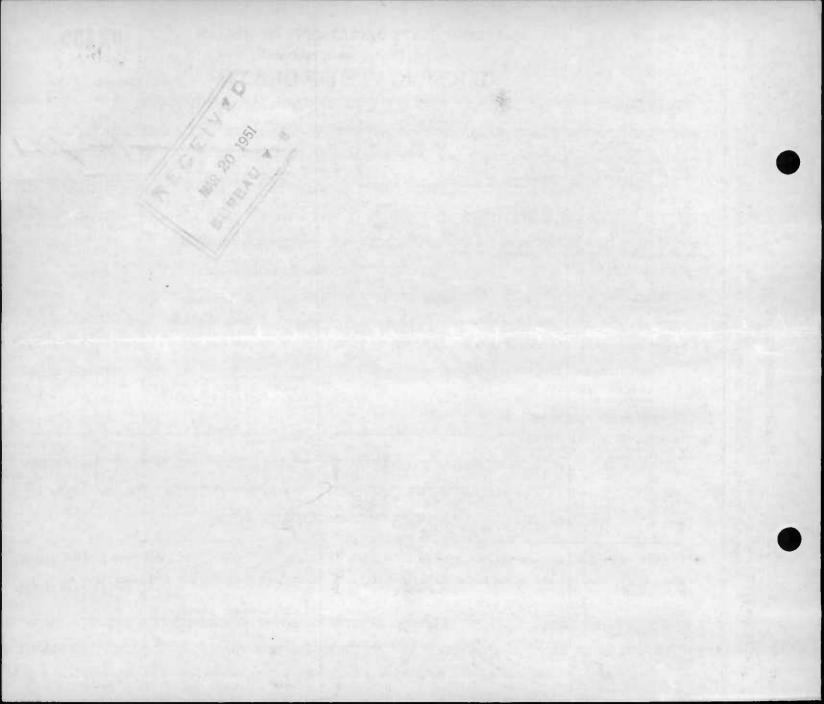
VS. A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY Cural MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE MANGELLER COUNTY	uall
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR gife nearest town) (In this place)	CITY (If outside corporate limits, write RURAL and give OR	
HOSPITAL OR Mendary Viles	TOWN STREET ((If rural, give location)	may had
INSTITUTION OR STREET ADDRESS Convalescent home	ADDHEELdortheid County	- + House
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) OF	(Day) (Year)
(Type or Print) SAMUEL - E - G/Y	THAM DEATH MAN	12 19 57
6. SEX  6. COLOR OR RACE  7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify Local Course)	1 /000 00 - 1066 7 4 yrs.	Days   Hours   Min.
done during sees of working life, even if retired)  10a. USUAL OCCUPATION (Give kind of work done during sees of working life, even if retired)  INDUSTRY  I	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
achibald Traham	lukewwn	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. (Yes, no, or unknown)   (If yes, glys war, or dates of	17. INFORMANT AND ADDRESS	-17.1
service) / CO	Kurall Grahemy Hampost	end fleet
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	70	ONSET AND DEATH
Immediate cause (a) Clever Yoror	iony Anomborio	3 hours
2 90, O Antecedent cause(s)	1 - 10 to	15000
Disease or conditions, if any, (b)	wishered asterio-storm-	10 1000
stating the underlying cause last  (c)	augenia.	15 4200
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes   No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m.   Work   At work		
22. I hereby certify that I attended the deceased from A.I.Z	, 195/, to 3/12 , 195/, that I last so	aw the deceased
alive on 1951, and that death occurred at	ADDRESS	ated shove
SIGNATURA (Degree or title)	ADDRESS	DATE/SIGNED
D. A. A.	(Balancet Marelon 5	, 3/ m/c,
23. BURIAL CREMATION   DATE THEREOF   NAME OF CEMETE	CRY OR CREMATORY   LOCATION (Oty, town, or count	y) (State)
REMOVAIC (Specify)	Villa B. da. an	deall al Wal
DATE RECED BY LOCAL I REGISTRAC'S SIGNATURE	23 FUNERAL DIRECTOR	ADDRESS.
REG. 2/1/71/1/1/1/1/1/19	Edul & Galaton Never	britary V.
- // V / / // / / / / / / / / / / / / /	The state of the s	
	100105	- (



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02460

# CERTIFICATE OF DEATH

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY arroll MARYLAND	STATE MA COUNTY	2
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write BURAL and give nearest town	5
TOWN Augal - Outsette 9 months	TOWN Purel Superille	
HOSPITAL OR	STREET All rural, give location)	
INSTITUTION OR	ADDRESS /	
STREET ADDRESS	Villama Roal	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day)	(Year)
(Type or Print) (Thurse Westendern)	Trees DEATH March, 19	195/
6. SEX 6. COLOROR RACE 7. SINGLE MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH   9. AGE last hirthday   If under   year   If under	r 24 hrs.
(Specify) all devocation	Qua. 26. 1872 78 yrs. Months Days Hours	Min.
10a. USUAL OCCUPATION (Give kind of work   10b. Kind of Business of	11. BORTHPLACE (State or foreign country)   12. CITIZEN OF	WHAT
done during most of working life, even if retired)   INDUSTRY   Mills	Ma. COUNTRY?	
13. FATHER'S NAME	14. MOTHER'S, MAIDEN NAME	
John n. Alseen	matilda mani	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown)   (If yes, give war or dates of	P. I I I I I I I I I I I I I I I I I I I	/
	ATTACHE YSUN- Ayphorelle, Mis	
18. MEDICAL CER	RTIFICATION INTERVAL BE	PRINCIPAL
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH,	ONSET AND	DEATH
( 222 700	1./11	
Immediate cause (a) arcula YY	aveces	
15/ X Antecedent cause(s)		
Diseases or conditions, if any, (b)	- Mariach	
all a giving rise to the above cause		-
stating the underlying cause last		
(e)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPS	3Y2
		No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE	
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While		
INJURY m. Work At work		
2//		
22. I hereby certify that I attended the deceased from 3//	1927, to 3 / 19/ 1957, that I last saw the deces	heed
22. I hereby certify that I attended the deceased from 3/1/	1957, to 3/19/, 1957, that I last saw the dece	ased
22. I hereby certify that I attended the deceased from 3/1/2 alive on 3/15/2, and that death occurred at	7. P. m., from the causes and on the date stated above.	
22. I hereby certify that I attended the deceased from 3/1/	70	
22. I hereby certify that I attended the deceased from 3/1/2 alive on 3/15/2, and that death occurred at	7. P. m., from the causes and on the date stated above.	
22. I hereby certify that I attended the deceased from 3/1/2, and that death occurred at SIGNATURE (Degree or title)	ADDRESS DATE SIGN	NED
22. I hereby certify that I attended the deceased from 3 192 1, and that death occurred at (Degree or title)  23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify)	ADDRESS DATE SIGNAL AND ADDRESS MADERIA MADERI	
22. I hereby certify that I attended the deceased from alive on 3 192 1, and that death occurred at (Degree or title)  23. BURIAL CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify)  24. I hereby certify that I attended the deceased from 3 192 1, and that death occurred at (Degree or title)  25. BURIAL CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify)  26. June 192 1, and that death occurred at (Degree or title)	ADDRESS  MADDRESS  MADDRESS  DATE SIGN  MADDRESS  DATE SIGN  MADDRESS  DATE SIGN  DATE S	NED
22. I hereby certify that I attended the deceased from	ADDRESS DATE SIGN	NED
22. I hereby certify that I attended the deceased from alive on 3 192 1, and that death occurred at (Degree or title)  23. BURIAL CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify)  24. I hereby certify that I attended the deceased from 3 192 1, and that death occurred at (Degree or title)  25. BURIAL CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify)  26. June 192 1, and that death occurred at (Degree or title)	ADDRESS  MADDRESS  MADDRESS  DATE SIGN  MADDRESS  DATE SIGN  MADDRESS  DATE SIGN  DATE S	NED

\* :- --

2411 N. Charles Street, Baltimore

02461

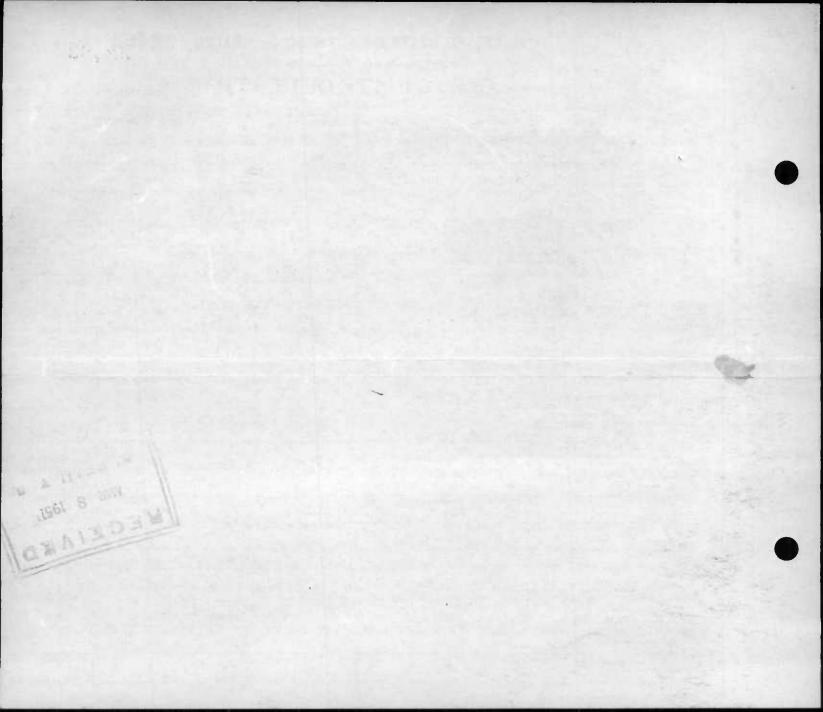
## CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY CARROLL  MARYLAND CITY Gf outside corporate limits, write RURAL and J. CENTITION OF STAY OWN TO married town SYKESVILLE TOWN TOWN OF MARYLAND COUNTY TOWN BALTIMORE STREET ADDRESS SPRINGFIELD STATE HOSPITAL STREET ADDRESS SPRINGFIELD STATE STREET ADDRESS SPRINGFIELD STATE STREET ADDRESS SPRINGFIELD STATE HOSPITAL STREET ADDRESS SPRINGFIELD STATE HOSPITAL STREET ADDRESS SPRINGFIELD STATE									
CITY Of outside coprorate limits, write RURAL and COUNTY OF STAY OF ST	COUNTY		MARYLAND	STATE				ry	
HOSPITAL OR INSTITUTIONORS SPRINGFIELD STATE HOSPITAL  STREET ADDRESS 2876 W. Lanvale Street  ADATE (Month) 10 19 19 11 19 19 19 19 19 19 19 19 19 19	CITY (If outside co OR give nearest TOWN	townSYKESVILLE	AL and   LENGTH OF STAY	CITY (II of OR TOWN			URAL and g	ive nearest t	town)
DECASED HARRY 5. SEX HALE WHITE (Specify) STATES STATE OF BIRTH (Section of Piloth Sex Male White Sex Male S	HOSPITAL OR INSTITUTION OF STREET ADDRES	S SPRINGFIELD		STREET	2876	W. Lanval	ive location) e Stree	t	1
6. SEX MALE WHITE WIDOWED, DATE OF BIRTH S. DATE OF BIRTH S. G. 2 778 Month Days Hunder 2 Interest of Conduction more, all working Month Days Hunder 2 Interest of Conducting more, all working Days Hunder 2 Interest of Conducting more, all working Days Hunder 2 Interest of Conducting more, all working Days Hunder 2 Interest of Country Month Days Hunder 2 Interest On Hunder 2 Interest On Hunder 2 Interest	DECEASED		(Middle)			4. DATE OF DEATH M	(Month) ARCH	(Day)	57
14. MOTHER'S MAIDE NAME  JOHN H. HAMP  15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of learning)  I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause  (a)  Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION  21. ACCIDENT  SUICIDE  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY OCCURRED While At Work  22. I hereby certify that I attended the deceased from Attwork  23. BURIAL CREMATION DATE THEREOF NAME OF CREMETRY OR CREMATORY LOCATION, of Cause, or county;  REMAIL CREMATION DATE THEREOF NAME OF CREMETRY OR CREMATORY LOCATION, of Causes and on the date stated above.  DATE SIGNATURE  DATE SIGNATURE  DATE SIGNATURE  DATE SIGNATURE  DATE SIGNATURE  DATE SIGNATURE  14. MOTHER'S MAIDEN AMD ADDRESS  15. INFORMANT AND ADDRESS  HOSPITAL RECORDS  15. INFORMANT AND ADDRESS  HOSPITAL RECORDS  16. SOCIAL SECURITY NO.  17. INFORMANT AND ADDRESS  HOSPITAL RECORDS  INTERVAL BETWEEN OR ADDRESS  HOSPITAL RECORDS  INTERVAL BETWEEN OR ADDRESS  (DEATH NEED AND ADDRESS AND ADDRESS)  15. MEDICAL CREMATION DATE THEREOF NAME OF CREMETERY OR CREMATORY LOCATION, city, town, or county)  REMULL SECURITY COMMANDER OF CREMETERY OR CREMATORY LOCATION, city, town, or county)  REMULL SECURITY OF ADDRESS  DATE SIGNATURE  DATE SIGNATURE  24. FUNERAL DIRECTOR  ADDRESS  DATE SIGNATURE  DATE SIGNATURE  25. BURIAL CREMATION DATE THEREOF NAME OF CREMETERY OR CREMATORY LOCATION, city, town, or county)  REMULL SECURITY COMMANDER OF CREMETERY OR CREMATORY LOCATION, city, town, or county)  REMULL AND ADDRESS  DATE SIGNATURE  24. FUNERAL DIRECTOR  ADDRESS	MALE	WHITE	WIDOWED, DIVORCED,		BIRTH	9. AGE last hirth	day   If unde   Month	Days H	under 24 hr ours   Min
JOHN H. HAMP  15. WAS DECEASED EVER IN U.S. ARIBED FORCES?  (Yes, no, or unknown) (If yes, ever war or dates of levelop)  16. Social Security No.  17. INFORMANT AND ADDRESS  18. MEDICAL CERTIFICATION  18. MEDICAL CERTIFICATION  19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Antecedent cause (a)	done during most of w	ATION (Give kind of work orking life, even if retired) UCK DILVET		BAI	LTIMORE	, MARYLAN			
Introduction   Interest   Interes	13. FATHER'S NAM			14. MOTHER	S MAIDEN ELIZABE	TH JACOBS			
Immediate cause  (a)	(Yes, no, or unknown)	(If yes, give war or dates of		17. INFORMA HO	SPITAL	ADDRESS RECORDS		331	
Immediate cause  (a)			18. MEDICAL CE	RTIFICATION					
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY OCCURRED OF INJURY  22. I hereby certify that I attended the deceased from 7-24 , 1950 , to 3-1 , 1951 , that I last saw the deceased alive on 3-1 , 1951 , and that death occurred at 12:28 a.m., from the causes and on the date stated above. SIGNATURE Springfield State Hospital 3-1-51 Sykesyille, Maryland  23. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)  DATE REFORMATION ADDRESS  DATE SIGNATURE  10. CITY OR TOWN) (COUNTY) (COUNTY) (STATE)  HOW DID INJURY OCCUR?  ADDRESS  Springfield State Hospital 3-1-51 Sykesyille, Maryland  24. FUNERAL DIRECTOR ADDRESS  ADDRESS  ADDRESS  ADDRESS	Immediate Anteceden Diseases or c giving rise to	e cause  if cause(s) conditions, if any, the above cause nderlying cause last	Actuo Schue Brunning to DEATH Actuo Schue	infadi	av Inteli	ran)			
21. ACCIDENT SUICIDE OF office hidg., etc.)  HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While at Not While at Not While at Work At work   22. I hereby certify that I attended the deceased from 7-24 1950, to 3-1- 19.51, that I last saw the deceased alive on 3-1- 19.51, and that death occurred at 12:28 3 m., from the causes and on the date stated above. SIGNATURE Office or title)  Sylesyille, Maryland  23. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)  REMOVAL (Specify) 3/5/51 Western Cem.  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	Conditions contributed to the disease	ting to the death hut not se or condition causing deat		sm's	Desdar	sis		1 20, AU	15 TOPSY1
21. ACCIDENT SUICIDE OF office hidg., etc.)  HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While at No								35. 46	NT. 67
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   HOW DID INJURY OCCUR?  22. I hereby certify that I attended the deceased from 7-24 , 1950 , to 3-1- , 19.51 , that I last saw the deceased alive on 3-1- , 19.51 , and that death occurred at 12:28 a.m., from the causes and on the date stated above.  SIGNATURE: (Detree or title)   ADDRESS   Springfield State Hospital   3-1-51   Sykesville, Maryland   3-1-51   Sykesville, Maryland   Baltimore Maryland   DATE-REC'D BY LOCAL   REGISTRAR'S SIGNATURE   24. FUNERAL DIRECTOR   ADDRESS   DATE-SIGNATURE   ADDRESS   ADDRESS   Springfield State Hospital   3-1-51   Sykesville, Maryland   Baltimore Maryland   Baltimore Maryland   ADDRESS   DATE-REC'D BY LOCAL   REGISTRAR'S SIGNATURE   24. FUNERAL DIRECTOR   ADDRESS	SUICIDE	OF	office hidg., etc.)	8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(CITY OR 1	rown)	(COUNT)		ATE)
alive on 3-1-, 19.51, and that death occurred at 12:28 3m, from the causes and on the date stated above.  SIGNATURE:  Out of Control of title)  Springfield State Hospital 3-1-51  Sykesville, Maryland  23. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)  REMOVAL (Sprily)  DATE-REC'D BY LOCAL REGISTRAR'S SIGNATURE  DATE-REC'D BY LOCAL REGISTRAR'S SIGNATURE  24. FUNERAL DIRECTOR  ADDRESS	TIME (Month)		While at Not While	HOW DID I	NJURY OC	CUR!			
SIGNATURE  (Detree or title)  Springfield State Hospital  Sykesville, Maryland  23. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)  REMOVAL (Sprilly)  DATE SIGNED  3-1-51  Western Cem.  DATE SIGNED  3-1-51  Yestern Cem.  DATE SIGNED  3-1-51  24. FUNERAL DIRECTOR  ADDRESS	22. I hereby certi	fy that I attended the	deceased from 7-24	, 1950 , to	3-1-	, 19.51, t	hat I last	saw the d	leceased
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	SIGNATURE	Charles Fa	Null M.A	Address Springfi Sykesvi	eld Sta lle, Ma	ate Hospit	al	3-1-	SIGNED
	REMOVAL (Spe-	3/5/51	Western	Cem.	E	Beltimore	town, or cou	Land	
		COCAL REGISTRAR'S	signature todied				OO Édm		

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY Car	roll	MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Montgomery			
CITY (If outside c OR give nearest TOWN	orporate limits, write RURA town) Sykesville	Since 6/9/41	CITY (If outside corpor OR TOWN Silver		and give nearest town)	
HOSPITAL OR INSTITUTION OF STREET ADDRE	R Springfield	State Hospital	STREET	(If rural, give loo Luzerne Aven	ation) ue	
3. NAME OF DECEASED (Type or Print)	(First) Charles		(Last) inter (Hardnut)	4. DATE (Mo	. /	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8/10/77	yrs. 1	If under 1 year   If under 24 hrs Months   Days   Hours   Min.	
Salesman - me	ATION (Give kind of work vorking life, even if retired)	10b. Kind of Business or Industry	Chicago, Illi	inois	United States	
John Por	e Hardnut		Louise Gazette			
15. Was Decrased E (Yes no. or unknown) UNKNOWN	ver In U.S. Armed Forces:   (If yes, give war or dates of service)	16. SOCIAL SECURITY No. 578-30-1307	Records - Spr		e Hospital	
		18. MEDICAL CE	RTIFICATION			
I. DISEASES OR CO	ONDITIONS DIRECTLY				INTERVAL BETWEEN ONSET AND DEATE	
Immediat	e cause (a) Cl	nronic myocarditis	and myocardial	degeneration	n 10 years	
422. / Antocodor						
Diseases or giving rise to	the above cause	Nephritis	and when the substitution of a couple of the substitution of the s	**************************************	4 months	
stating the u	nderlying cause last (c)	Arteriosclerosis			15 years	
O 11.1	CANT CONDITIONS uting to the death but not se or condition causing death	. Psychosis with o	hronic alcoholi	sm	10 years	
19a. DATE OF OPE	RATION 19b. MAJOR F	INDINGS OF OPERATION			20. AUTOPSY?	
21. ACCIDENT	(Specify)   PLAC	E (Home, farm, factory, street,	(CITY OR	rown) (C	OUNTY) (STATE)	
SUICIDE	- OF INJU	office bldg., etc.)			ONIT) (SIAIE)	
TIME (Montb) OF INJURY	(Day) (Year) (Hour) ————————————————————————————————————	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR7		
22. I hereby cert	ify that I attended the	deceased from Sept.	1, 1947 , to March	5 , 19.51 , that	last saw the deceased	
alive on Man SIGNATURE	ch 5, 19.51, and Martin Gross	that death occurred at	ADDRESS		DATE SIGNED	
	ATION I DATE THEREO	m.D.	Sykesville, Mar	~	3/6/51	
23. BURIAL, CREM REMOVAL. (Spec	March 9	1951 mt. 0	Usit 1.	Washing to	, R.C.	
DATE REC'D BY	LOCAL REGISTRAR'S	my/teen	Warner & Pum	shry choe.	hhu form Mel	
			/	4	- 1,00	



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# De 112463

# CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY	Carroll	MARYLAND	2. USUAL RES	Marylan		CEASED. COUNT	Υ	
CITY (If outside con OR give nearest t	own) Sykesville	(in Abia place)		tside corporat		RURAL and gi	ve nearest	tewn)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Springfield	State Hospital	STREET	811 N	(If rural, Milton	give location) Avenue		1/
3. NAME OF	(First)	(Middle)	(Last)		4. DATE	(Month)	(Day)	(Year)
(Type or Print)	Lester	Lee	HEISLEY		OF DEATH	March	20	1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.	S. DATE OF H	BIRTH   S	. AGE last birt	hday   If under	1 year  I	under 24 hrs.
male	white	WIDOWED, DIVORCED, (Specify) Separated	July 20.	1908	42	yrs	Days I	loure Min.
done during most of wo	TION (Give kind of work rking life, even if retired)	Houstry Opening	1. BIRTHPL	ACE (State or		)   1:	COUNTRY	States
13. FATHER'S NAME			Winche 14. MOTHER	S MAIDEN	NAME			5
Charles	s Edward Helsle	v	Hannah	William	ns			
	ER IN U.S. ARMED FORCES		17. INFORMA	NT AND A	DDRESS			
unknown	(If yes, give war or dates overvice) ———	unknown	Records	- Spring	gfield S	tate Hos	pital	
		18. MEDICAL CE	RTIFICATION					
I. DISEASES OR COM	DITIONS DIRECTLY	LEADING TO DEATH						AL BETWEEN AND DEATH
Immediate	cause (a)	erebral hemorrhag	e				7 ho	urs
220 X							prob	ably than
Antecedent	nditions, if any, (b)	Syphilis					10 y	rs.
giving rise to	the above cause derlying cause last					*		
) O > O BOREING CHA GIV.	(c)							
11. OTHER SIGNIFIC	ANT CONDITIONS						1	
O. Mark	as als doubt been made	. Psychosis with	svohiliti	c menin	go-encep	halitis	7 y	rs.
		INDINGS OF OPERATION			0.000			TOPSY?
							Yes [	No R
21. ACCIDENT	(Specify) PLAC	CE (Home, farm, factory, street,	: (	CITY OR TO	(WW	(COUNTY)		TATE)
SUICIDE	OF INJU	office bldg., etc.)					,	
TIME (Month)		INJURY OCCURRED	HOW DID I	NJURY OCC	UR?			
OF	m.	While at Not While —— Work At work						
	y that I attended the	deceased from July	23, 19.49, to	March	20, 19.51.,	that I last s	aw the	deceased
22 25	- 00 1057	3 43-4 3-43 3 -4	2.00 n		attended .			
SIGNATURE		d that death occurred at	ADDRESS	from the c	auses and or	n the date st	ated abo	ove.
1	Martin Gross,	M. D. 2.		lo Marri	land.			
m	しから かつ	m, mil	Sykesvill				- ,	20/51
23. BURIAL, CREMA BEMOVAL (Specify		NAME OF CEMETE	RY OR CREMA	TORY LO	CATION (City	town for coun	(y)	(State)
DATE REC'D BY L		SIGNATURE	24 FUNEAL	PIRECTOR		1	CADE	RESS
REG. 6/2.2	151 a 4	Hedrich	John	V 60	wand	Son 2	14.00	is A
		111	11 11			h	1	

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

1. PLACE OF DEATI	H•		2. USUAL RESIDENCE (H			
COUNTY	Carroll	MARYLAND	STATE Marylar	ıd	COUNTY	
	orporate limits, write RUR.	AL and   LENGTH OF STAY	CITY (If outside corporat	e limits, write RURA	L and give ne	earest town)
OR give nearest TOWN	Henryton	(in this place) 2 mos. 7 das	TOWN Baltimor	e 17		,
HOSPITAL OR			STREET	(If rural, give io	cation)	1
INSTITUTION OF STREET ADDRES	SS HENRYTON ST	TATE HOSPITAL	ADDRESS 1505 N	. Appleton	Street	1/
3. NAME OF	(First)	(Middle)	(Last)			Day) (Year)
DECEASED	FANNIE	ELIZABETH	JARVIS	OF DEATH Mare		6, 19 51
(Type or Print)  5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,		AGE iast birthday		- / LO /-
Female		WIDOWED DIVORCED, (Specify) ingle	January 12,1917	21	Months   Da	ys Hours Min.
	Megro ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or	54 yrs. (	1 12 0	ITIZEN OF WHAT
done during most of w	vorking life, evon if retired)	Private Family	Baltimore, "a			NTRY?
Dome:		FITVate Family	14. MOTHER'S MAIDEN		1	
For	rest Jarvis			ie Suther		
	VER IN U.S. ARMED FORCES (If yes, give war or dates of		17. INFORMANT AND	ADDRESS		
No	service)	Lost	Deceased			
		18. MEDICAL CEI	RTIFICATION		1.	
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH				TERVAL BETWEEN
Immediate	e cause (a)	Pulmonary	Tuberculosis	PO	٥	uly,1950
002X	· A (-)					
	nt cause(s) conditions, if any, (b)					
13 & giving rise to	o the above cause			<del></del>	***************************************	MI MI + 0 1 va = 0 0 0 0 m/m manus = 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
stating the u	inderlying cause last					
II OTHER SIGNIE	(c) CANT CONDITIONS				- 1	
Conditions contribu	iting to the death but not					
	se or condition causing deat				1	A VIMORANIA
19a. DATE OF OPE.	RATION 198. MAJOR I	FINDINGS OF OPERATION			20	D. AUTOPSY?
						Yes No D
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA	CE (Home, farm, factory, street, office bidg., etc.) JRY	(CITY OR TO	OWN) (C	OUNTY)	(STATE)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OCC	UR?		
OF INJURY	m.	Work At work				
				4		
22. I hereby certi	ify that I attended the	e deceased from Jan. 9	19.51, to Mar. 1	.6., 1951, that	I last saw	the deceased
·· Mo	m 16 1051 -	1 41 - 4 1 - 41 1 - 4	70.20 A		1	
SIGNATURE	La40,1904, 87	d that death occurred at (Degree or title)	ADDRESS	causes and on the	date state	d above. DATE SIGNED
Sidiration	NY	20.10				SHALL BIGHTED
-7 Chrie	1 /. Alle	u MA.	enryton. "amur	and	3,	-16-51
23. BURIAL, CREM	ATION   DATE THERE	OF   NAME OF CEMETE	RY OR CREMATORY PLA	CATION (City, town	, or county)	(State)
REMOVAL (Spec	19-20-5	1 ashertur	Mem. Park. K	Bultime	-	hed.
DATE REC'D'BY		SIGNATURE	24. FUNERAL DIRECTOR	el de la	al NI	PRESS
REG.	1:11	2. Iwantheur	1613	in Cold	100	- France
3-16-51	**		u / u & c , AIM			
100	De	eputy Local		720	836	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corfect age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

KE BELLEVILLE COPY SENT TO B. S. Q. -DATE 9/20/57

1779年以上於亞拉里可以於伊德里安尼 實施物。

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2411 N. Charles Street, Baltimore

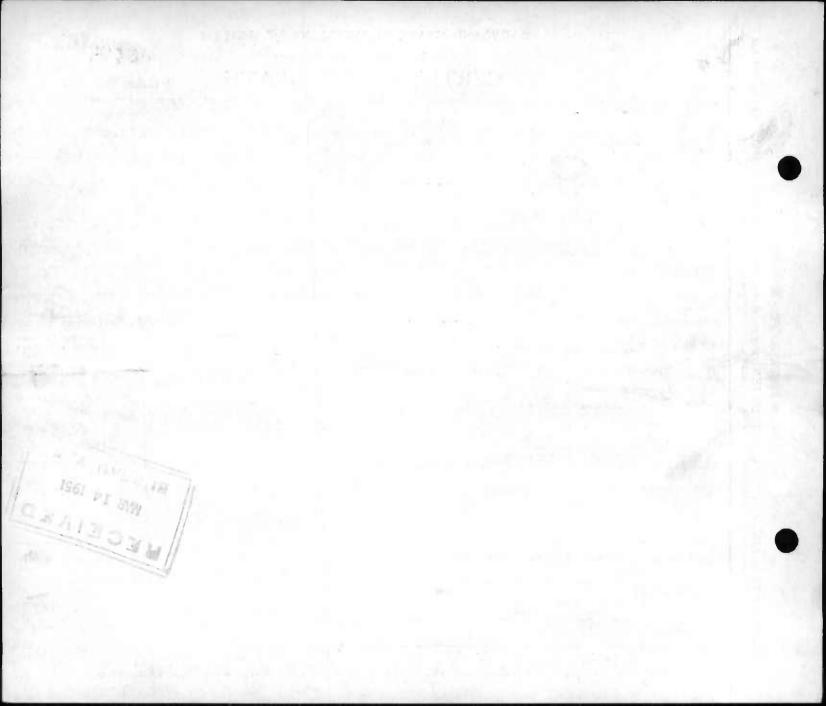
# CERTIFICATE OF DEATH

02465

Reg. Dist. No.....

		/ 1
1. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED	v 1 m
MARYLAND	STATE maryland COUNT	arrace
CIT (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside or porate limits, write RURA), and gi	ve nearest town)
OR give pearest town; 3 (in this place)	TOWN Kural, Manchest	er.
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	
3. NAME OF (First) (Middle)	(Last) / 4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)	Neck DEATH 3	11 195
5- SEX 6. COLOR OR RACE 7. SINGE, MARRIED, WIDOWED, DIWORCED, (Specify) Und out	8. DATE OF BIRTH 9. AGE last birtbday If under Months.    1 - 30 - 1884   66 yrs.	1 year   If under 24 hrs
10a. USUAL OCCUPATION (Give kind of work done during most of working life, wen if retired)  10b. Kind of Business or Industry		2. CITIZEN OF WHAT
13. FATHER'S NAME	14, MOTHER'S MAIDEN NAME	CX,
Genrie Hoffmelsen	man & Lander	
15. WAS DECRASED EVER IN U.S. ABMED FORCES? (Yes, no or unknown) (If year, give war or dates of service)	17. INFORMANT Gretchen Banne	-6
The section		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	2 - 2/- 0	ONSET AND DEATH
Immediate cause (a) leele XVV	bral vaccorotope	3- days
has a		
Antecedent cause(s)  Diseases or conditions, if any, (b)	Whal Skurrdoge	5 40000
giving rise to the above cause stating the underlying cause last (c)	Terio-Aclerosis.	10 years
11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No 4
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	The state of the s
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
3.0	- al., -	
22. I hereby certify that I attended the deceased from	.0	
alive on, 191/, and that death occurred at SIGNATURE (Degree or title)	ADDRESS	tated above. DATE SIGNED
Dinker Ban	Beternster, Kengland,	3/17/51
23 BURIAL, CREMATION DATE NAME OF CEMETE.  REMOVAL (Specify) 3 14-51 NAME OF CEMETE.	Litteran Manchester	ty) Water)
DATE NO PEY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
My Munden	karol Unito saws, Man	enegui,
		11/18

PLEASE



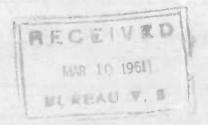
PLEASE

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY	Carroll	MARYLAND	2. USUAL RESIDENCE ( STATE Maryla		COUNTYCarroll
CITY (If outside cook give nearest TOWN	orporate limits, write RURA	L and   LENGTH OF STAY	CITY (If outside corpor OR RUTAL N	rate limits, write RURAL	and give nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRES			STREET ADDRESS	(If rural, give loc	ation)
3. NAME OF DECEASED (Type or Print)	(First) HOWARD	(Middle) C. K	(Last) EEFER	4. DATE (Mor	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MAITIES	8-29-1880		If under 1 year If under 24 hrs. Months. Days Hours Min.
done during most of	ATION (Give kind of work corking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY ATM	Maryland	or foreign country)	12. CITIZEN OF WHAT
13. FATHER'S NAM		W. Keefer	Anna R.	Bart	
15. WAS DECRASED E (Yes, no, or unknown)	ver In U.S. Armed Forces   (If year, give war or dates of service)	16. SOCIAL SECURITY NO. NONE	IT INFORMANT AND ELIZabeth L	Abdress Keefer, M	t. Airy, Md.
		18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH
	6	Carmary 7	NA on love es		1day
150.1 Immediat	e cause (a)	or and a		<del>дой бойон бойн</del> т Сонет вина <del>под д</del> ика <del>пос</del> дина поста дина п олло 1 и од 1 и од 4 и д	
Anteceder	nt cause(s)		rxuro. sele		2
giving rise t	conditions, if any, (b) the above cause anderlying cause last	Courary a	rquo-seli	Melo	
Conditions contribu	ICANT CONDITIONS uting to the death hut not use or condition causing deat	h.			
19a. DATE OF OPE	RATION   19b. MAJOR I	INDINGS OF OPERATION			20. AUTOPSY?
					Yes No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACOF	CE (Home, farm, factory, street, office bidg., etc.) IRY	(CITY OR	TOWN) (CC	OUNTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OF	CCUR?	
22. I hereby cert	ify that I attended the	e deceased from Feb 28	, 195/ , to Mes.	7, 195/, that I	last saw the deceased
alive on SIGNATURE	Stouly Gr	d that death occurred at		e causes and on the	
23. BURIAL, CREAT REMOVAL, GOOD	19)   3-10-19			LOCATION (City, town, Frederick C	or county) (State)
DATE REC'D BY REG. MAN 9	LOCAL REGISTRATES	Signature Duyder	C. M. Wa		ield, Md.
	/				



PRESS

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

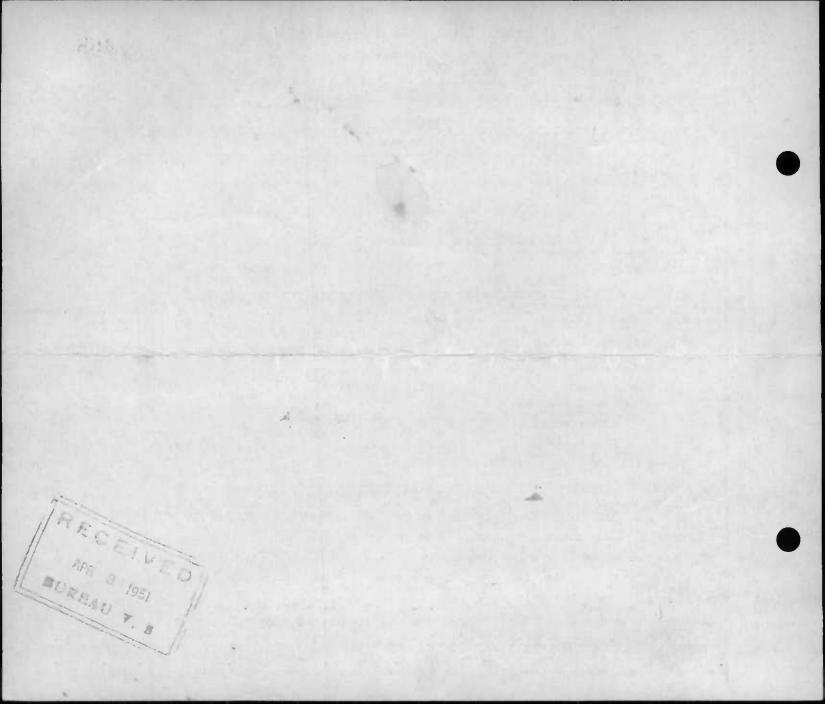
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

02467

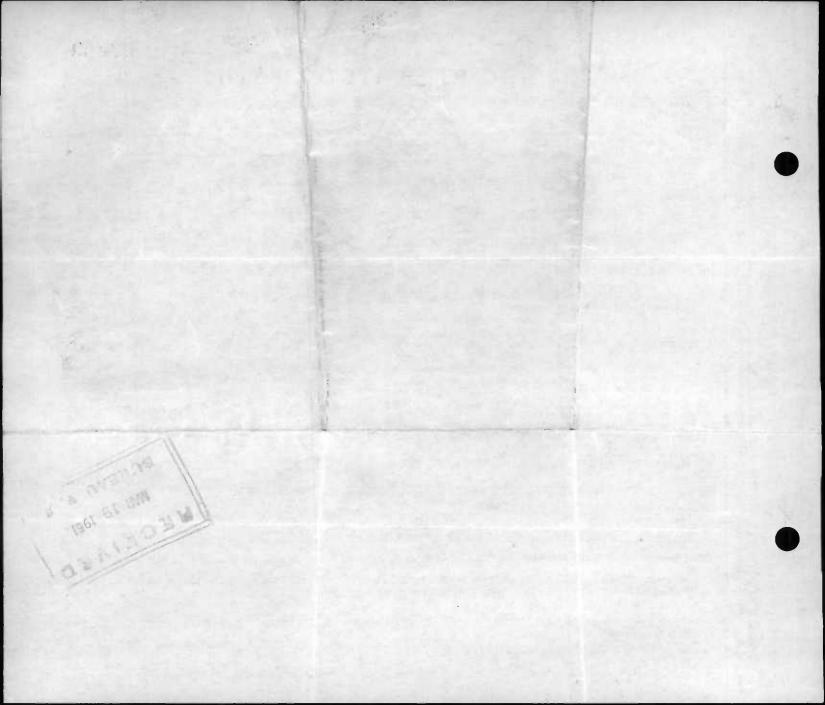
1. PLACE OF DEAT COUNTY	Carroll	MARYLAND	2. USUAL RESIDENCE (	COTTO	811
CITY (If outside of OR give neares)	t town)Woodbine	AL and LENGTH OF STAY (in this place)		rate limits, write RURAL and gi	ve nearest town)
HOSPITAL OR INSTITUTION O STREET ADDRE	R SSS		STREET ADDRESS	(If rural, give location)	
3. NAME OF DECEASED (Type or Print)	ADLAIDE	(Middle) S •	(Last) KERR	4. DATE (Month) OF March	(Day) (Year) 19 19 51
female	e. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 1121 1 1 1 1	8. DATE OF BIRTH 2-3-1870	OLL yrs.	1 year   If under 24 hrs   Days   Hours   Min.
done during most of	ATION (Give kind of work porking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Maine	or foreign country) 1:	COUNTRY?
13. FATHER'S NAM	Unknow	n	14. MOTHER'S MAIDEN Unknow		
15. WAS DECRASED E (Yes, no or unknown)	CVER IN U.S. ARMED FORCES (If year, give war or dates of service)	16. Social Security No.	Daniel S. Ke	err, Woodbine,	Md.
I. DISEASES OR CO	ONDITIONS DIRECTLY	18. MEDICAL CE LEADING TO DEATH	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
Immediat	te cause (a)	Acidosis	<b>100 100 100 1</b> 00 100 100 100 100 100 100	acompanigacija y nin halijih p <b>agas cau b</b> ac <b>sau akhibwa</b> yan halijih sa tay sau a sa a sa sa s	3 da
	nt cause(s) conditions, if any, (b)	Cerebral Appop	lexy (left)		4 days
giving rise t	to the above cause underlying cause last	Advanced Aretr	io-sclerosis		? yrs
Conditions contributed to the dises	ICANT CONDITIONS outing to the death but not are or condition causing deat	h. Paralysis Agit	ans		? yrs
19a. DATE OF OPE	ERATION 196. MAJOR E	INDINGS OF OPERATION		•	Yes No
21. ACCIDENT SUICIDE HOMICIDE n	OF	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN) (COUNTY)	
	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
Mar		e deceased from Mar. 1			
alive on SIGNATURE	utu Grabil	(Degree or title)	ADDRESS Mt. Airy, Md.		DATE SIGNED r. 20, 1951
23. BUKJAL, CREM REMOVAL (SPA BUR IA		NAME OF CEMETE	Chapel	Carroll Co.	ty) (State)
DATE REC'D BY REG.	2195 Elia	M. Hewitt	C. M. Walt		ADDRESS Md.



2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY  COUNTY  MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Carroll
OR give nearest town) TOWN  CITY (If outside corporate limits, write RURAL and OR (In this place)	CITY (If outside comporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESSING WILL Juning Home	STREET (If rural, give location) ADDRESS
3. NAME OF DECEASED (First) Elizabeth (	Last) 14. DATE (Month) (Day) (Year) OF DEATH March 6 195/
5. SEX  S. COLOR OF RACE  7. SINGLE, MARRIED, WIPOWED, DIVORCED, Especify)  Specify)  Sunda	7 Syrs. If under 24 hrs Months. Days Hours Min.
10m. USUAL OCCUPATION (Give kind of work dob. Kind of Bushess on done during most of working life, yen if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY? U.S.A.
John H. La motte	Mary Streng
15. Was Decrased/Ever In U.S. Armed Forces? (Yes, no, or unknown) (If year, give war or dates of service)	hus Elva Ca notte.
I. DISEASES OR CONDITIONS DIRECTLY LEADING AS DEATH	RITIFICATION  Homeweles Methods Tone and Death  RETIFICATION  ONSET AND DEATH
Antecedent cause(s)   3/a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)	udio Reme Vagenlen dinene ?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?   Yes □ No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from. May 1.7.	19.48, to Mel. 6., 19.4., that I last saw the deceased
signature (Degree or title)	ADDRESS DATE SIGNED
23. BURNAL REMATIONS DATE NAME OF CEMETE	RY OR CHEMATORY   LQCATION (City, town, or county) (State)
DATE RIC'D BY LOCAL REGISTRAR'S SIGNATURE	1 Celestery Manchester Md
Mar. 8 51 Mrs. hRS. Denner	Jacob Winfas Jan Man choter hed.
	092808

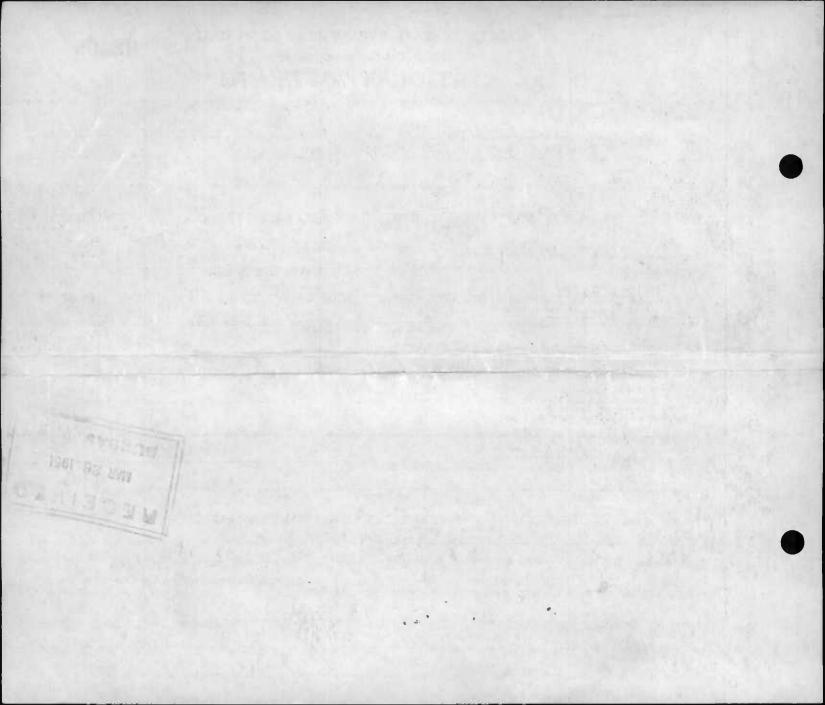


2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

02469

I. PLACE OF DEATH	u. Carroll	MARYLAND	2. USUAL RESIDENCE (F	C	OUNTY Carroll
OR give nearest	orporate limits, write RURA	L and   LENGTH OF STAY	CITY (If outside corpora OR TOWN <u>unlenoy</u>	Mary	istead
HOSPITAL OR INSTITUTION O' STREET ADDRE	ss Shirifitera	State Hospital	STREET ADDRESS unknow		
3. NAME OF DECEASED (Type or Print)	(First) Herschel	(Middle)	(Last) LaMotte	4. DATE (Mont	ch 22 1951
male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	s. DATE OF BIRTH Oct. 12, 1866	84 yrs. N	f under 1 year   If under 24 hrs. fonths   Days   Hours   Min.
done during most of v	ATION (Give kind of work working life, even if retired)	INDUSTRY farming	Carroll County	y, Maryland	United States
13. FATHER'S NAM			14. MOTHER'S MAIDEN		
	LaMotte	1 16. SOCIAL SECURITY NO.	Alice Hanso		
(Yes, no, or unknown)	ver In U.S. Armed Forces (If yes, give war or dates o leervice) ——	unknown	Records - Spri		e Hospital
		18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH
		hronic myocarditi	s and myocardial	degeneration	2
Immediat	te cause (a)	III OUTO MA ANGI MIA	5 and myodarara	иоролого ото	
472./ Anteceder	nt cause(s)	rteriosclerosis			3 years
Diseases or	conditions, if any, (b)A	r del 103 CTET 0313	00 tum. Abribades 100 tables and in 100 table <del>s about abbeine of 100 tables</del>		
stating the	underlying cause last				
	(c)				1
Conditions contrib	ICANT CONDITIONS uting to the death but not use or condition causing deat	L Senile psychosi	s, simple deter	ioration	5 yrs.
19a. DATE OF OPE	RATION   19b. MAJOR F	FINDINGS OF OPERATION			20. AUTOPSY?
					Yes 🚜 No 🖸
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACOF	CE (Home, farm, factory, atreet, office bldg., etc.)	(CITY OR T		UNTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
22. I hereby cert	tify that I attended the	e deceased fromNOV3	0., 1948, to March.	.22, 19.51, that I	last saw the deceased
alive on Ma	rch 22, 19.51, an	d that death occurred at	7:10a.m., from the	causes and on the	late stated above.
SIGNATURE	Martin Gross	(Degree or title)	ADDRESS		DATE SIGNED
Burial	marin	som. M. P.	Sykesville, Md.		3/22/51
23. BURIAL, CREM REMOVAL (Spe	131 mar, 26,	1951 Druid	Ridge	LOCATION (City, town,	md.
DATE REC'D BY	751 REGISTRANS	SIGNATURE 14 Here	24. FUNERAL DIRECTO	Syples	alle ma,
				10	0105



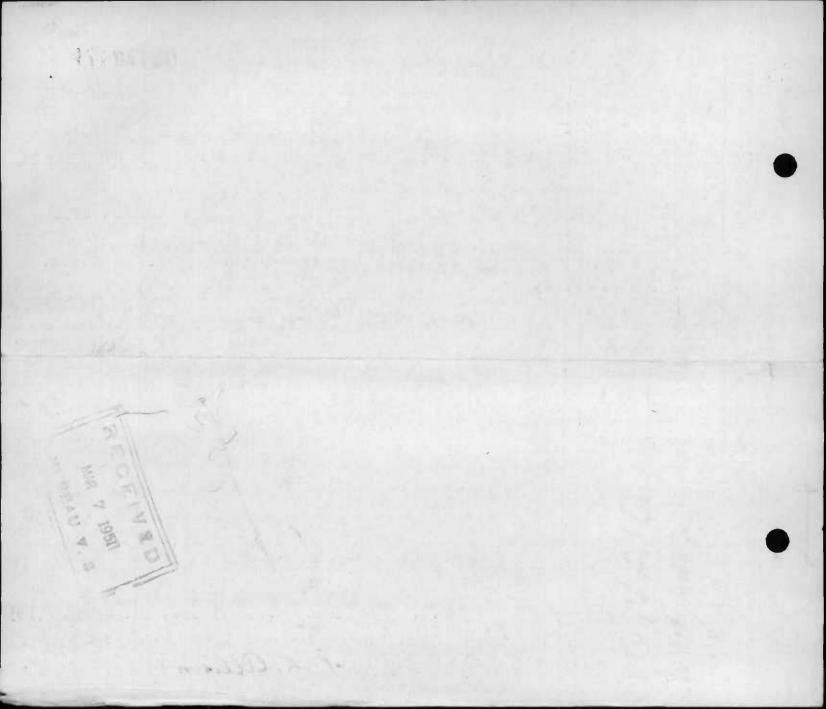
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### MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

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34)

1. PLACE OF DEATH COUNTY	A·		2. USUAL RESIDENCE (HO		my
CE	arroll	MARYLAND	Marviano	d Coun	arroll
CITY (If outside co	corporate limits, write RURA		CITY (If outside corporate	e limits, write RURAL and	give nearest town)
TOWN WE	estminster	(in this place)	TOWN Westmin		ral
HOSPITAL OR INSTITUTION OF	D	.,	STREET ADDRESS	(If rural, give location)	
STREET ADDRES	SS		VDDKE99		
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	CHARLES	Rosco	LANTZ	OF DEATH March 1	1 1951 19
5. SEX	6. COLOR OR RACE	17. SINGLE, MARRIED.	8. DATE OF BIRTH   9	AGE last birthday   If und	
male	white	WIDOWED, DIVORCED, (Specify) Single	April 15, 189		Days Hours   Min.
10a. USUAL OCCUP	ATION (Give kind of work )	1 (Specify) STITE TO	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT
done during most of w	vorking life, even If retired)	INDUSTRY	Frederick Co		Copputati A
13. FATHER'S NAM	4 111.02	Farm Laborer	14. MOTHER'S MAIDEN		0.00111
	vev Lantz		Mary Wint		
	VER IN U.S. ARMED FORCES	37   16. SOCIAL SECURITY NO.	17. INFORMANT		-11
(Yes, no, or unknown)	(If yes, give war or dates o	01	Mrs Lo		maitsburg, dM
	service)	2/2-12-0972	0	wes kug	ler
		18. MEDICAL CEI	RTIFICATION	/	Towns Designation
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
		- + - + 1 ob o+		1tammal	
Immediate	e cause (a)	Intestinal obst			
5614		stra	ngulated herni	ia	
	nt cause(s) conditions, if any, (h)	AND RESIDENCE OF THE PARTY OF T			
day of the second of		*************************	*** / 0000001 00001 /g001 0000100 /**************************	# 0-00	
220 stating the u	nderlying cause last				
	(e)			The state of the s	
	ICANT CONDITIONS uting to the death but not				
related to the diseas	se or condition causing deat				
19a. DATE OF OPE	RATION 19b. MAJOR F	FINDINGS OF OPERATION			20. AUTOPSY?
THE WILEY P					Yes 🔀 No 🗆
21. EXTERNAL CAL PRIMARY or CO CAUSE OF DEATH	USE WAS ONTRIBUTING   PLACE OF INJU	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TO	OWN) (COUNT	
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OCC	UR?	
OF INJURY	m.	While at Not while work at work			
22. I certify that I	took charge of the rema	nins described above, held an A	utopsy X Inspection [],	Inquiry   thereon and	d from the evidence
obtained by said	id Autonsy, Inspection or	r Inquiry, find that said deced	ased died on the day stated	above, and death in my	y opinion resulted
from: natural	causes A accident	, suicide [], homicide [],	undetermined [].		DAME STONED
SIGNATURE	, , ,	(Degree or title)	ADDRESS		DATE SIGNED
15	tosher	M.D. 700	Fleet St., Bal	ltimore, Md.	March 2.1951
23. BURIAL, CREMA	ATION   DATE THEREO			CATION (City, town, or cou	inty) (State)
Burial	filed Ott 1,	A CALL OF A LO	ew demetery	Emmitsburg.	Maryland.
DATE REC'D BY	LOCAL   REGISTRAR'S	SIGNATURE /	24. FUNERAL DIRECTOR	Emmitsburg,	ADDRESS
misell	7=1951	To Almit	M. X. Ul	Reden Emmit:	sburg, Md.
111111111	1601 4	it AN	7/		
	- / 74 / 14	K Daleton	1/4		4 /35

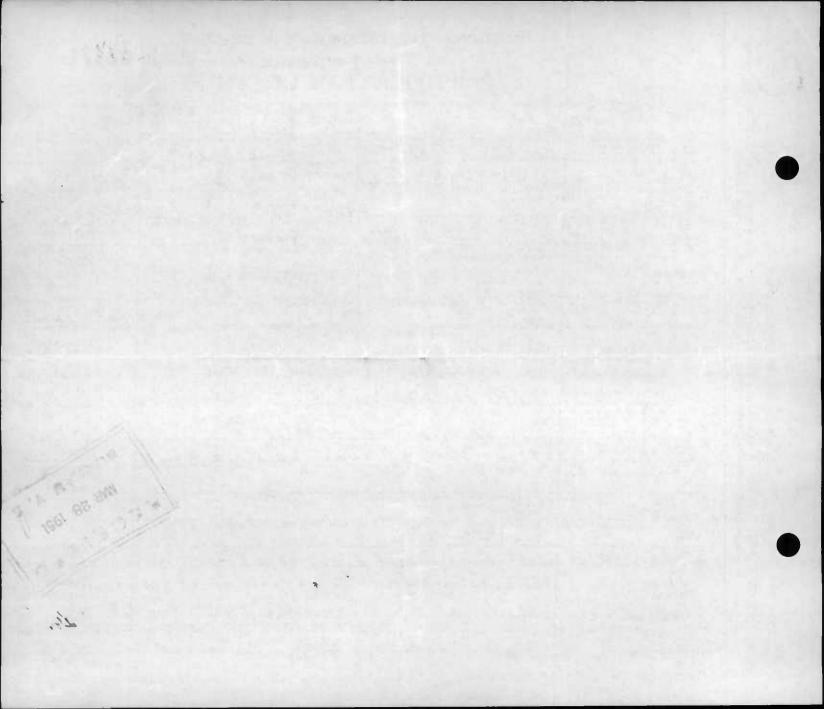


2411 N. Charles Street, Baltimore

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TID	TIL	TIC	A	TIP	OF	DE	A PETE	
JER	LLL	UI	$\Delta$		UF	DE/	ATH	

I. PLACE OF DEATH.		2. USUAL RESIDENCE (HOME)	OF DECEASED.	rv
Curre	MARYLAND	marya	ed	
CITY (If outside corporate limits, write RURAL	and LENGTH OF STAY	OR (If outside corporate limi	ts, write RURAL and	give nearest town)
OR give nearest town) Sykes will	e 1934xs	TOWN Balkie	are	
HOSPITAL OR	0 (	STREET	(If rural, give location)	
INSTITUTION OR Shringfield	Stale Hospital	ADDRESS 8 19 N. Co.	rough. Ihm	Man) 1/
3. NAME OF (First)	(Middle)	(Last)   4. D	ATE (Month)	The I
No. in Olive A County	(Middle)			(Day) (Year)
(Type or Print) 4ARY			EATH Mare	24 1957
5. SEX 6. COLOR OR RACE 7.	SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AG	E last birthday   If und	er I year II under 24 hrs.
secuale stick	(Specify) Such	not kitany 7	2 yrs. Monti	Days Hours Min.
10a USUAL OCCUPATION (Give kind of work   10	Ob. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreig		12. CITIZEN OF WHAT
done during mest of working life, evon if retired)	NDUSTRY	lenstrows		מצוישפפ
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		unicuowa
20 :1 0/0		Or	2	
word augustien	r	Mary ouruer	/	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDR	ESS 4/	
service)	~		TARRETO	el records
	18. MEDICAL CE	RTIFICATION		
I DIGE LONG OF CONDUMINED DIFFERMINED				INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LE				ONSET AND DEATH
Immediate cause (a) He	perfecçõe a	axeular disease		18 years
144				
Antecedent cause(s)	+ GARRALON DI	Museum della	varelasi.	130.1000
48 Diseases or conditions, if any, giving rise to the above cause	our per	and your	receives	20 years
stating the underlying cause last		0 0		,
(c) CA	aresessus o	Menes		wolky man.
11. OTHER SIGNIFICANT CONDITIONS	1 2			1
Conditions contributing to the death but not related to the disease or condition causing death.	selle Bookers	uia bararia	d Vivino	43 11000
19a. DATE OF OPERATION   19b. MAJOR FIN		percenter	a right	1 00 years
THE DITTE OF OTENHALITON AND REMOVE THE	DINGS OF OTERATION			20. AUTOPSY?
				Yes No X
21. ACCIDENT (Specify) PLACE OF O	(Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNT	Y) (STATE)
HOMICIDE INJURY	inco bidg., coc.)	*		
	JURY OCCURRED	HOW DID INJURY OCCUR?		
	hile at Not While  Vork			
		^		
22. I hereby certify that I attended the de	eceased from Send. 18	? 1950 to March 24 1	Q T/s that T lost	com the deserved
alive on 3/24, 1957, and t	hat death occurred at	Pm from the causes	and on the date	stated shows
SIGNATURE	(Degree or title)	ADDRESS	and on the date	DATE SIGNED
0.100	. 11 5	C A 1961	0 11 .1	2/
gerbreed somecefelds	! M.D.	pringpel sta	ce Hospital	3/24 51.
23. MURIAL, CREMATION DATE THEREOF	NAME OF CEMETE	RY OR CREMATORY LOCATI	ON (City, town, or cou	inty) (State)
Burial May 27 19	5/ Hung	field Te	weenelle.	ma
DATE REC'D BY LOCAL   REGISTRAR'S SIG	NATURE	24. FUNERAL DIRECTOR		ADDRESS
mar 77 1951 Offace	Mees	attree-	Kent will	1. 2001
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1-12-20	- Lillian	Sycamus	a mai
			1/1	1001/11



2411 N. Charles Street, Baltimore

CED	TIE	TO	TE	OF	DEA	TH
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• 00	Took District	J
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	v
MILLION PRINTS MARYLAND	STATE MARINAL COUNT	Carroll
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR givo nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and given	ve nearest town)
OR givo nearest town) (in this place)	TOWN / Lural	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS	ADDRESS	
3. NAME OF (Airst) (Middle)	(Last)   4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)	Wackley DEATH mar	. 23 1951
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8 DATE OF BIRTH   9. AGE last hirthday   If under	1 year   If under 24 hrs.
WIDOWED, DIVORCED,	111211842 58 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (GWE kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
done during most of working life, every firstired) INDUSTRY	me 1	COUNTRY
13. FATHER'S NAME	14. MONIER'S MAIDEN NAME	
January Markey	Trausa Dirginia Mi	lesworth
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of	17 INFORMANT AND ADDRESS	y C
pervice) up up	plea mortiley Knith	taderico
18. MEDICAL CEI	TIFICATION	1. mil
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	0	INTERVAL BETWEEN ONSET AND DEATE
(Octor and a second	1.16 2016 200	101.
Immediate cause (a)	1 Spromboses	1 thray
Antecedent cause(s)	)	7111
Diseases or conditions, if any, (b)		37475
giving rise to the above cause stating the underlying cause last		/
(e)		
11. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes   No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not While	HOW DID INJURY OCCUR?	
OF INJURY  m. While at Not While Work At work	NEW THE PROPERTY OF THE PROPER	
74.04	14.61 7. 22.67	
22. I hereby certify that I attended the deceased from. Man	19.9.1., to	aw the deceased
alive on Mar. 2.2, 1951., and that death occurred at	2. 4 Rm. from the causes and on the date at	ated shove
SIGNATURE _ (Degree or title)	ADDRESS	DATE SIGNED
1 H Lenc 711 5	11 1 3.15	2/22/21
The state of the s	ON OR COCHAMODY OF THE PARTY OF THE	3/13/51
23. BURIAL, CREMATION DATE THE ROF MAME OF CEMETER	1 1 1 1 1 1 7	(State)
Julias 1915 Generic	la gran amortaire	1000
DATE REC'D BY LOCAL PRIGISTRAN'S SIGNATURE	24. FENERAL DIRECTOR	ADDRESS
Marcy 14, 1931 July 1 1ets	W. W. Kerser Xon	SIN
1 (240691-	11	Vinilalla



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

(1)247.3 Reg. Dist. No.

1. PLACE OF DEATH- COUNTY CARROLL MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	,
CITY (If outside corporate limits, write RURAL and OR give nearest town) SYKESVILLE (in this place) 2 mos. 21da	CITY (If outside corporate limits, write RURAL and give OR Baltimore, Maryland	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRINGFIELD STATE HOSPITAL	STREET ADDRESS 3025 Windsor Avenue	
3. NAME OF (First) (Middle) DECEASED (Type or Print) MATILDA	(Last) 4. DATE (Month) OF DEATH 3	(Day) (Year) 4 1951
FEMALE 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	8. DATE OF BIRTH   9. AGE last birthday   If under 1	year   If under 24 hrs. Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  [1.7] INDUSTRY	11. BIRTHPLACE (State or foreign country)   12.	CITIZEN OF WHAT
Robert Loves	14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (II yes, give war or dates of service)	RECORDS, SPRINGFIELD STATE HOSPI	TAL
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	and myocardial degeneration	INTERVAL BETWEEN ONSET AND DEATE Indefinite
Immediate cause	and my ocal clair degeneration	1000 00 00 00 00 0000 0000000000000000
Antecedent cause(s) Diseases or conditions, if any, giving rise to tha above cause stating tha underlying cause last  (c)	and diabetes	Indefinite
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis	, simple deterioration & diabetes	Indefinite
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-13		
alive on 3-4-, 19.51, and that death occurred at SIGNATURE Perfuel W. Gran (Degree or title)	11:00 Pm., from the causes and on the date sta ) ADDRESS Springfield State Hospit	ted above.
	Sykesville, Md.	3-5-51
REMOVAL (Specify) World 7-5/ Drund	RY OR CREMATORY LOCATION (City, town; or county	Met -
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 3/5/5/ GW HERWITH	24. FUNERAL DIRECTOR	ADDRESS
JT	5118 Juy m 00	to Car

02474

	CERTIFICAT	'E OF DI	EATH	F	Reg. Dist. N	0/6	• • • • • • • • • •
1. PLACE OF DEATH- COUNTY Carroll	MARYLAND		Maryla	nd	COUNT	Vari	
CITY (If outside corporate limits, write RUR. OR give nearest town) TOWN  CUT AI Westmi	nster (in this place)		de corporate li rura 1		Minste		n)
HOSPITAL OR INSTITUTION OR STREET ADDRESS LOCUST AVE	nue	STREET	Locus	(If rural, g t Aven	rive location)		-
3. NAME OF (First) DECEASED (Type or Print) John	(Middle) Hamilton	(Lest) McAlister	4	OF DEATH	(Month) March	(Day) 20	(Year
5. SEX 6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WICOWED	Apr. 27	,1867	83	hday   Il under Months	Days Hou	der 24 h
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Shoe factory		ick Co	. Md.	1	2. CITIZEN OF COUNTRY'S	
13. FATHER'S NAME		14. MOTHER'S	MAIDEN NA	ME			
Scott McAl18 15. Was Deceased Ever In U.S. Armed Forces	ter	Ann	414 4 4	Bohn			
(Yes, no, or unknown) (If yes, give war or dates of service)	none	Fletcher			r Wes	tminst	er
	18. MEDICAL CE	RTIFICATION				INTERVAL E	
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH	0	16		,	ONSET AND	DEAT
Immediate cause (a)	Olave Ker	rebrul	vinc	LOTTE	ugs	J /10	res
Antecedent cause(s) Diseases or conditions, il any, (b)	Doronie To	Fronclie	Cesek	ma -	Q	154	1000
giving rise to the above cause stating the underlying cause last  (c)	Francis.	a aua	au '			159	000
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deat	h.					10	
19a. DATE OF OPERATION 19b. MAJOR I	FINDINGS OF OPERATION					20. AUTO	PSY?
- CONTROL OF THE PARTY OF THE P	OF (Hama farm fasters atmost	. (0)	TY OR TOW	(NI)	COUNTY	Yes []	No [
HOMICIDE INJU		0 1 1 0			(COUNTY	) (SIAI	(E)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJ	URY OCCUR	17			
22. I hereby certify that I attended the	e deceased from 3/30	, 19.47, to	3/20	, 19.17.,	that I last	saw the dec	ceased
alive on 1957, an SIGNATURE	d that death occurred at	ADDRESS	rom the cau	ises and or	the date s	tated above	GNED
D. heuter	Bon hers	Wise	Terres	tu /	ingland	( 3/2	1/5
23. BURIAL, CREMATION DATE THERE REMOVAL (Specify) Mar. 23,	1951 Westminst	ter Cemet	ery We		ster	Md.	State)
DATE RECO BY LOCAL REGISTRAR'S REG.	SIGNATURA	John R.		Wes	tminst	addres er. Md	
					000	1/0/	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

" Into the Pulports 18 Vides 9201304

# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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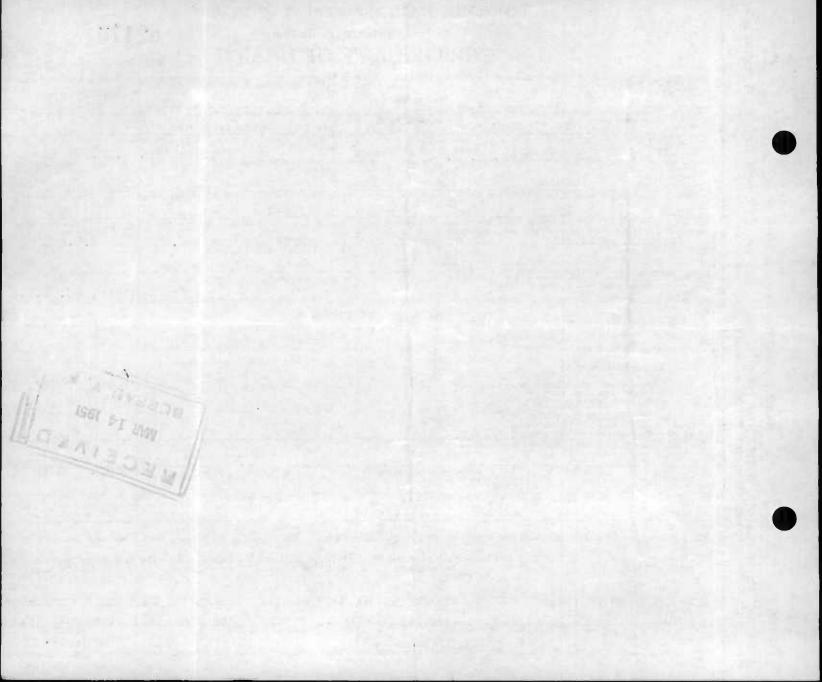
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

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L. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  I. DISEASES OR CONDITIONS DIRECTLY LEADING TO PERATION  II. OFFICE OR PERATION  III. OFFICE OR DEATH  III. OFFICE		
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (In the proposal limits, write RURAL and give nearest town) TOWN STREET ADDRESS Westminster, R. D. 2  ROWN RURal, Westminster, R. D. 2  NAME OF (First) (Middle) (Last) 4 DATE (Month) (Day) (Vear) DEATH ADDRESS Westminster, R. D. 2  NAME OF (First) (Middle) (Last) 4 DATE (Month) (Day) (Vear) DEATH ADDRESS Westminster, R. D. 2  NAME OF (First) (Middle) (Last) 4 DATE (Month) (Day) (Vear) DEATH ADDRESS Westminster, R. D. 2  NAME OF (First) (Middle) (Last) 4 DATE (Month) (Day) (Vear) (Month) (Middle) (Last) 4 DATE (Month) (Day) (Middle) (Last) 4 DATE (Month) (Day) (Middle) (Mid	COUNTY Carroll	STATE Manufland COUNTY Cannol
HOSPITAL OR CALL OR CA	CITY (If outside corporate limits, write RURAL and   LE	(in this place)  OR  CITY (If outside corporate limits, write RURAL and give nearest town)  OR  Wastmington
DECRASED  DECRASED  Type or Print)  Edward  Nelson  Miller  S. SEX  Male  COLOR OR RACE  Male  White  S. SEX  Male  S. OLOR OR RACE  White  S. SEX  Male  White  S. SEX  Male  White  S. SEX  Male  S. SEX  Male  White  S. SEX  Male  S. OLOR OR RACE  White  S. SEX  Male  S. OLOR OR RACE  White  S. SEX  Male  S. SEX  Male  S. OLOR OR RACE  White  S. SEX  Male  S. OLOR OR RACE  White  S. SEX  Male  S. SEX  Male  S. OLOR OR RACE  White  S. SEX  Male  S. OLOR OR RACE  White  S. SEX  Male  S. OLOR OR RACE  S. SEX  Male  S. OLOR OR RACE  White  S. SEX  Male  S. OLOR OR RACE  S. SEX  Male  S. OLOR OR RACE  White  S. OLOR OR RACE  S. SEX  Male  S. OLOR OR RACE  S. SEX  Male  S. OLOR OR RACE  S. SEX  Male  S. OLOR OR RACE  S. Markiell  S. AGE is birthday Hander Lyear Hunder 24 hm.  Months Jay Hours  Months Jay  S. Garrell  S. AGE is birthday Hander  Son AGE is birthday	HOSPITAL OR INSTITUTION OR STREET ADDRESS Westminster, R. D.	STREET (If rural, give location)
Male    Second   Male   White   White   Whowever   Marker   White   Wh	DECEASED Formal No. 7	m Miller OF 2/11/61
100. LIUTER AL DECULATION (Give kind of work done during most of working life, even if retired)  11. BIRTTIPLACE (State or foreign country)  12. CHITERN OF WHAT COUNTRY MADDEN NAME  13. MOTHER'S MAME  14. MOTHER'S MAME  15. WAS DECRASED EVEN IN U.S. ASSED FORCENT (Yes, no, or unknown) (II) year, give war or dates of NO.  16. SOCIAL SECURITY NO.  17. INFORMANT AND ADDRESS  18. MEDICAL CERTIFICATION  19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  19. DATE OF OPERATION 19. MAJOR FINDINGS OF OPERATION  19. DATE OF OPERATION 19. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specily) (Hour) INJURY OCCURRED OF INJURY  22. I hereby certify that I attended the deceased from Leading Country of What Country of Country (Country) (STATE) (STATE)  19. DATE OF OPERATION DATE OF OPERATION 19. MAJOR FINDINGS OPERATION 19. MAJOR FINDINGS OF O	5. SEX 6. COLOR OR RACE 7. SINGLE, WIDOWE	MARRIED, 8. DATE OF BIRTH 9. AGE last birthday II under 1 year II under 24 hrs.
Henry Tillman Miller  Rebecca Jane Myers  15. Was Declased Even In U.S. Armed Porcest 16. Woo Declased Even In U.S. Armed Porcest 17. Informant and address None  17. Informant and address None  Interval Between Observation  Interval Between Observation Observation  Interval Between Observation Observation Observation  Interval Between Observation Obser	done during most of working life, even if retired)  Retired  10b. Kind INDUSTRY	OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Henry Tillman Miller  Rebecca Jane Myers  16. Was Decrased Even in U.S. Asmed Peaces 1  17. Informant and address (Yes. to war or dates of None  None  18. Medical Certification  Interval Between Onset and Death Onset and D	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
(Yes_no, or unknown) (Hyear, give war or dates of None		Rebecca Jane Myers
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH    18. MEDICAL CERTIFICATION   INTERVAL BETWEEN ONSET AND DEATH     20.   Immediate cause   (a)   Antecedent cause(b)     3.   Diseases or conditions, if any, (b)   Conditions, if any, (c)   Conditions contributing to the above cause stating the underlying cause last     10. OTHER SIGNIFICANT CONDITIONS   Conditions contributing to the death but not related to the disease or condition causing death.     19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION     20. AUTOPSY!   Yee   No   No   No   No   No   No   No		The Manual And Addition
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Antecedent cause (a)  Disease or conditions, if any, (b)  Disease or conditions, if any, (b)  Disease or conditions, if any, (b)  Disease or conditions, if any, (c)  Till OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition entaining death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY?  Yes No by Conditions and the disease or conditions entaining death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) OF office bidg., etc.) (CITY OR TOWN) (COUNTY) (STATE) (S		ne Muray Miller, Westminster, Md. R.D. 1
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?  Yee No PLACE (Home, farm, factory, street, SUICIDE 110MICIDE 110MICID	Antecedent cause (a)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	TO THE WAR AND THE
21. ACCIDENT (Specify) OF office bidg., etc.)  INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED (While at Not While at Not Work At work (Degree or title)  22. I hereby certify that I attended the deceased from the causes and on the date stated above. SIGNATURE  (Degree or title) NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)  DATE RECOUNTY (Specify) (State) (S	Conditions contributing to the death but not related to the disease or condition causing death.	F OPERATION
21. ACCIDENT SUICIDE S		Yes No b
22. I hereby certify that I attended the deceased from Red	HOMICIDE INJURY	etc.)
alive on MAA	OF While at	Not While
DATE REGISTRAR'S SIGNATURE  REG. 24. FUNERAL DIRECTOR  ADDRESS  11+t]estown Pa	alive on Mark., 195, and that deat SIGNATURE (Det	th occurred at3:30A.m., from the causes and on the date stated above.  DATE SIGNED  L. D. WELLE Mar. 12
Per R. A. Lettle 100105	DATE RECYD BY LOCAL   REGISTRAR'S SIGNATURE	achmans Valley Cemetery Bachmans Valley, Carroll Co, MO
	- JIAN 1 Frum	Per R. A. Lettle 100105



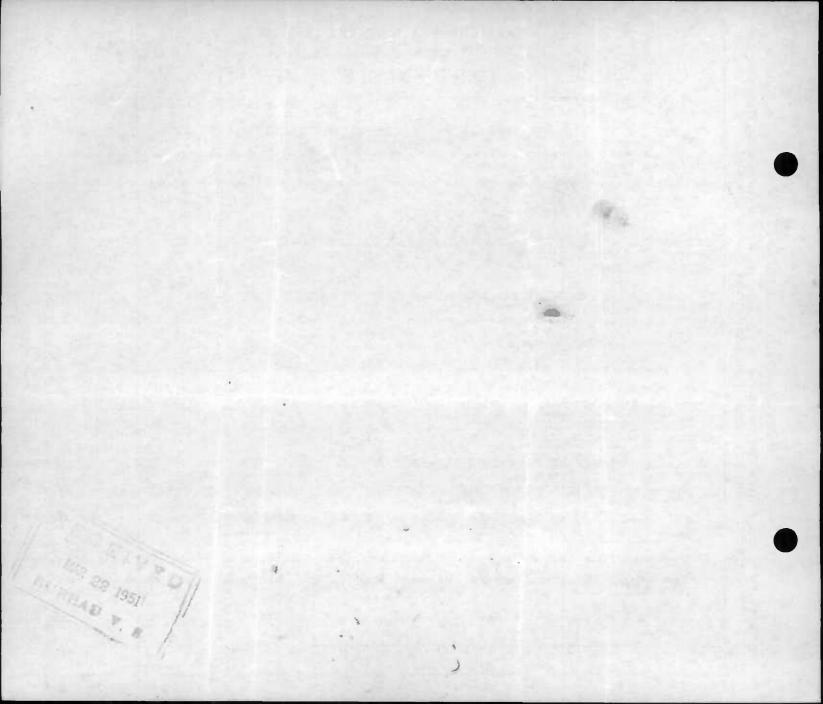
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02476

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY MARYLAND	STATE COUNTY	Frederick.
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
OR give nearest town) TOWN Musely to Md   (in this place)	TOWN Walherswell a'	a active volviny
HOSPITAL OR	STREET (If rural, give location)	
STREET ADDRESS Loop (Leen news Home)	ADDRESS	. /
3. NAME OF (Virgh) (Middle)	(Last)   4. DATE (Month)	(Day) (Year)
(Type or Print) Tunles	astruan DEATH March.	17 1951
5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH   9. AGE last birthday   If under	1 year ill under 24 hrs.
male Whit- WIDOWED, DIVORCED, (Specify) (Medania	JACY 7, 1804 0 0 yrs.	Days Hours Min.
done during most of working life, even if retired) LADUSTRY		CITIZEN OF WHAT
tarmer agreettent	may cause	TRYP A.
13. FATHER'S NAME TO	14. MOTHER'S MATDEN NAME	
I nomes relieman	Lathern angel	
15. Was Decrased Ever In U.S. Armed Forces?   16. Social Security No. (Yes, no, or unknown) (II year, give war or dates of	17. INFORMANT AND ADDRESS 0 - 10	.0 .11
or (service)	This Mynn Sneth No	therpiele but
_18. MEDICAL CEI	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING DEATH	0-01	ONSET AND DEATH
Immediate correct (a) XI a 1 X 1 1 1	. Right les.	10 days.
Immediate cause (a)	The state of the s	- Comment of the comm
Antecedent cause(s)	. 1801. 11/1 / -	)/
Diseases or conditions, if any, (b) Muy deliste	Milly-Vasanly Cisease	5
giving rise to the above cause stating the underlying cause last	Daniela 1 to-	
II. OTHER SIGNIFICANT CONDITIONS	y my caractes	
Conditions contributing to the death but not related to the disease or condition causing death.		1 900
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
	CLEANED HALL DESCRIPTION OF THE PARTY OF THE	
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	Yes No No (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		(4-1-1-1)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While Work At work		
7.10		
22. I hereby certify that I attended the deceased from	, 19 J/, to/Mus.k//19/, that I last sa	w the deceased
alive on huel 10 19 and that death occurred at	150 m., from the causes and on the date sta	ted above
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Took Choud mid	Wandshood Ind	3/17/1-1
23. BURIAL CREMATION   DATE   NAME OF CEMETER	RY OR CREMATORY   LOCATION (City, town, or county	(State)
REMOVAL GOSTINIA 3/20/5/ Fryelich	memoral Park. In rederies	·md
DATE RECED BY LOCAL RECESTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS PA
May 1751 Mish MS. Denner	J. W. Little + Son, Le	telestour.
	P. PA Pixel	100105



## CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS Reg. Dist. No. I. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY STATE Maryland Carroll MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and LENGTH OF STAY TOWN give nearest town) Westminster din this place) Westminster TOWN HOSPITAL OR INSTITUTION OR STREET (If rural, give location) l Wimert Avenue ADDRESS 1 Wimert Avenue STREET ADDRESS 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Dav) (Year) DECEASED DEATH March 26 Lyman Daniel (Type or Print) Oberlin 19 5] 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH 9. AGE last birtbday | If under 1 year | If under 24 brs. Months | Davs | Hours | Min. Nov.5.1893 Male White 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY! USA 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR done during most of working life even if retired)
RETIFED Fatent Atty. Winchester Virginia
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mary Jane Randal John Oberlin 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) | (If yes, give war or dates of Westminster, Md. none Mrs. Alta Oberlin 18. MEDICAL CERTIFICATION INTERVAL BETWEEN 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, glving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21. EXTERNAL CAUSE WAS (CITY OR TOWN) PLACE (Home, farm, factory, street, (COUNTY) (STATE) PRIMARY OR CONTRIBUTING office bldg., etc.) CAUSE OF DEATH. INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not while INJURY work at work 22. I certify that I took charge of the remains described above, held an Autopsy 🔲, Inspection 🗔 Inquiry 🗃 thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes A accident , suicide , homicide , undetermined . SIGNATURE (Degree or title) DATE SIGNED ADDRESS 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (Specify) Mar. 29. 1951 Meadow Ridge Memorial Howard 24. FUNERAL DIRECTOR DATE RECUD BY John R. Byers Westminster.Md.

Supply every item write the causes of INK. please INFADING I Physicians: ند ط WITH (important PLAINLY, s especially i

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#### MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

02478

1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	00
CITY (If outside corporate limits, write RURAL and OR give nearest town)  TOWN  MARYLAND  LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS	
3. NAME OF (Pirst) (Middle) (Mype or Print) ARRV ALVIN	HILLIPS DATE (Month) OF DEATH THE	(Day) (Year)
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWGED, (Specify) Nature	you 11 100 0 ym.	Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done suring most of working life, even if retired)  13. FATHER'S NAME  13. FATHER'S NAME	maryland ?	COUNTRY!
Minrod Phillips	Jama Belle Gardner	
15. Was DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or date of service)	Mrs Mee Phillips - Algor	Emille red
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
420   Immediate cause (a) lovery	artery disease	nunutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		ed Co or CT day on to a addressed as as TTT C at
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while INJURY m. work at work	HOW DID INJURY OCCUR?	
Bernoval, (Specify) 3-4-51 Asingfield	ased died on the dry stated above, and death in my undetermined ADDRESS  LICENSTORY  LOCATION (City, town, or count of the count of	DATE SIGNED  3 (State)
Mar. 3, 1951 Quam Hewitt	C. H. Will - Anghemille, MA	ADDRESS
		7 177

ASR 3 1951

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

Reg. Dist. No. 74

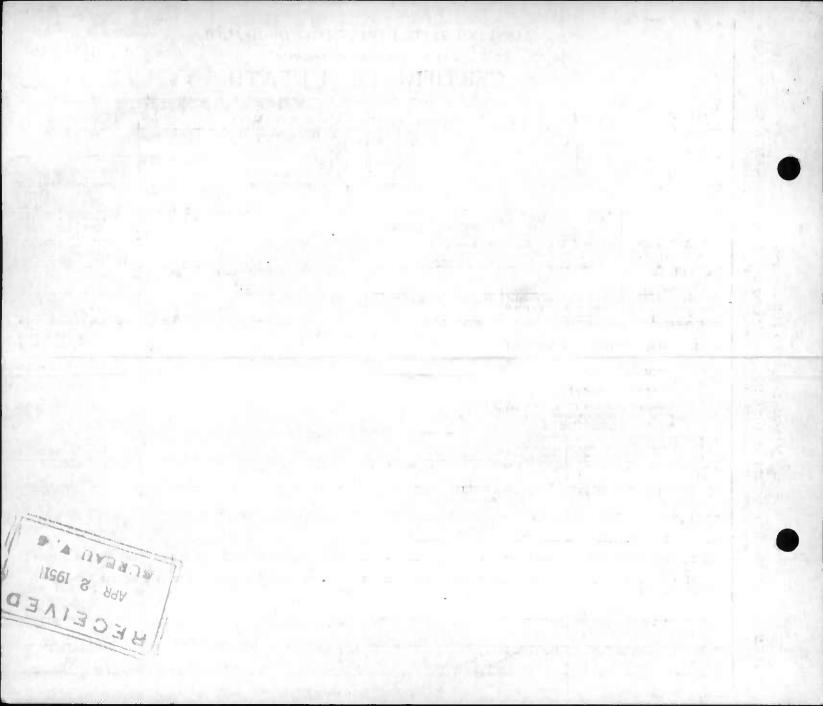
I. PLACE OF DEATH-	2. USUAL RESIDENCE (	HOME) OF DECEASED	)•
COUNTY Carroll MARYLAND	STATE Maryla	nd	COUNTY Garrett
CITY (If outside corporate limits, write RURAL and OR give nearest town) Sykesville ince 8/20/48	OR TOWN Oaklan	rate limits, write RURAL	and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital	STREET ADDRESS	(If rural give loca	atlon)
3. NAME OF (First) (Middle) DECEASED (Type or Print) William Edward	(Last) RICE	4. DATE (Moro	
5. SEX male  6. COLOR OR RACE WIDOWED, DIVORCED, (Specify) harried	8. DATE OF BIRTH Nov. 6, 1875	9. AGE last birthday 75 yrs.	If under I year If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10c. MOUSTRY 13. FATHER'S NAME  John Rice	Garrett Co., 14. MOTHER'S MAIDEN Ridget Sta	Maryland NAME	Jnfted States
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of unknown service) —— unknown	17. INFORMANT Records - Spri		Hospital
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Gastric hemorrhage		** ****	10 hrs.
Antecedent cause(s)  Diseases or conditions, if any, (b) Systemic syphilis			more than 2 years
giving rise to the above cause stating the underlying cause last (c) Gastric ulcer (?)			?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  Senile psych	osis		5 years
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR	TOWN) (CC	Yes No UNTY) (STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OF	CCUR?	
22. I hereby certify that I attended the deceased fromMar		e causes and on the	
	24. FUNERAL DIRECT	LOCATION (City, town,	or county) (State) ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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#### MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

02480

1. PLACE OF DEATH-COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	
CITY (It outside corporate limits, write RURAL and OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give TOWN	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS  Truis  Nuite	STREET (If rural, give location)	
3. NAME OF DECEASED (First) (Middle) (Type or Print) AUGUST	(Last) 4. DATE (Month) OF DEATH	(Dsy) (Year) 2 19 J7
6. SEX  6. COLOR OR RACE  7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specifications)	8. DATE OF BIRTH 9. AGE last birthday If under Months yrs.	I year ilf under 24 hrs
done during grout of working iffe, even if retired) INDUSTRY INDUSTRY	- Maryland.	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of service)	ma Jeo B Foy	
18. MEDICAL CE	RTIFICATION //	1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Lement	INTERVAL BETWEEN ONSET AND DEATE
33 / Immediate cause (a)		
Antecedent cause(s)		
Diseases nr conditions, if any, giving rise to the above cause stating the underlying cause last		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but not related to the disease or condition causing death.		
190. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
2t. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office hidg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. INJURY OCCURRED while at Not while work at work	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes accident accident accide to homicide strong, suicide to homicide strong, suicide to homicide	ased died on the dry stated above, and death in my undetermined ADDRESS	DATE SIGNED
	76359 Catanais	200

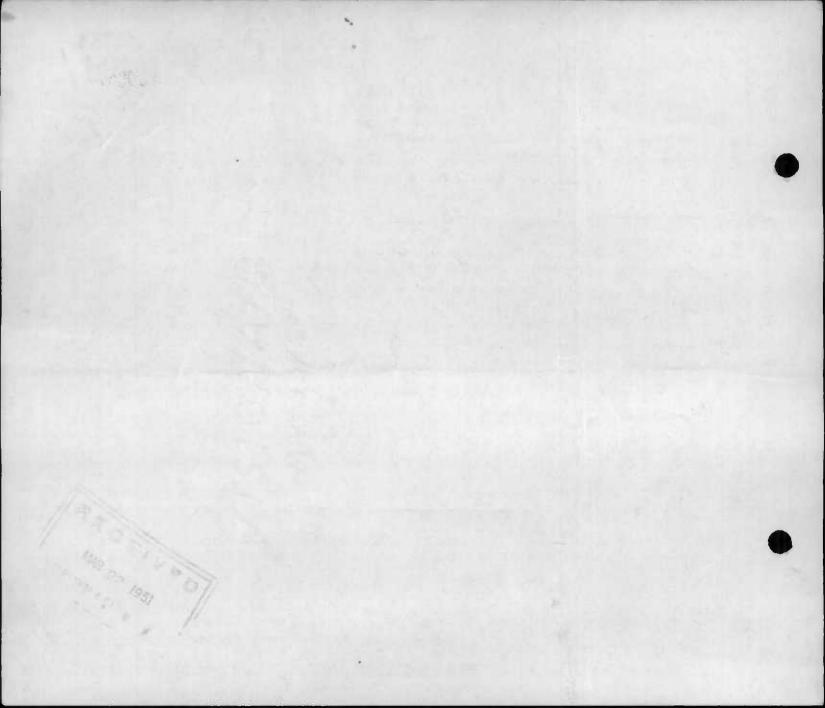
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PLEASE

#### MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

I. PLACE OF DEATH- COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	leanell
CITY (If outside corporate limits, write RURAL and OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give TOWN Muscle Willers W	e neavest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Poute 140 as Route 91	STREET ADDRESS 2 mile Sauth of w	ulles
	HR BAUGH. OF DEATH Konner	(Day) (Year) / 7 1951
5. SEX  6. COLOR OR RACE  7. SINGLE, MARRIED, WIDOWED, PROFILED, (Specify)	5-27-24 26 yrs. Months	Days   If under 24 brs.   Hours   Min.
don-during most of working life even if retired)	maryland	CITIZEN OF WHAT
13. FATHER'S NAME TO Robinburgh	M. alban	
15. W. DECRASED EVER IN U.S. ARMED FORCES? (Yes, ty, or unknown) (11 yes, tye war or dates of 2/7-/5-75-38	17. INFORMANT Rulph Robert	wigh
18. MEDICAL CE 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
	Vertebras, life humanus and	
Story giving rise to the above cause stating the underlying cause last (c)	er gribe-bilsterel	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No P
21. EXTERNAL CAUSE WAS PRIMARY WOR CONTRIBUTING OF Office bidg. (stc.) CAUSE OF DEATH.	Fuershery Carroll	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY OCCURRED work at work	how did injury occurs.	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that soid dece from: natural causes , occident , suicide , homicide , sIGNATURE (Degree of fitte)	eased died on the day stated above, and death in my o	from the evidence opinion resulted  DATE SIGNED
Tuess T Wareh Driety Redisolyanines	Waleumb Net	3/18/51
Birrial (Specify) 3-21-51 Reforme	Scenitary Manchister	ud
May 20/5/ My My . My . Weller	Jacob Wink's Saw Manch	ADDRESS
	970806	



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED-	V 0
CATTOII MARYLAND	Maryland	Carroll
OR give nearest town)	CITY (II outside corporate limits, write RURAL and giv	re nearest town)
TOWN rural Westminster 12 years	TOWN FURAL Westminster	
HOSPITAL OR INSTITUTION OR STREET ADDRESS R. F. D. # 4	STREET (If rural, give location) ADDRESS R. F. D. # 4	
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month)	(Day) (Year)
(Type or (Tint)	DEATH	22 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Wild OWED	S. DATE OF BIRTH  July 6.1866  9. AGE last birthday If under Months  84 yrs.	Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY  INDUSTRY		COUNTRY? USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Michael Yingling	Mary Jane Sholl	
15. Was Decrased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service)	J.M.Shaeffer Westminste	r, Md.
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
1	16	1
Immediate cause (a) Cerebral	Kewarrhage	1da
157X Antecedent cause(s) We new town eight	Cartio Voscular Renal	10411
Diseases or conditions, if any, (b) C.	(utterage line sin)	1092
atating the underlying cause last (c) Profit Carcuse	one Weal Paristes	2-3 mg.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	and the second	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No D
21. ACCIDENT (Specify) SUICIDE HOMICIDE SUICIDE HOMICIDE SUICIDE HOMICIDE PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
	10/10 1 10/1 1/21 10 5/ 11 171	
22. I hereby certify that I attended the deceased from	, 19.4.9, to Manahal 19.9.1, that I last s	aw the deceased
alive on March 21., 1951, and that death occurred at A	ADDRESS and on the date st	ated above. DATE SIGNED
wylein speicher W	estuister md.	3/22/57
	RY OR CREMATORY   LOCATION (City, town, or count	
REMOVAL (Specify) Mar 24,1951 Kriden's		
DATE RECID BY LOCAL   REGISTE R'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 3/24/1	John R. Byers Westmin	ster, Md.

BY, DIL

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MIR 27 1951

2411 N. Charles Street, Baltimore

02483

### CERTIFICATE OF DEATH

eg. Dist. No. 1.7

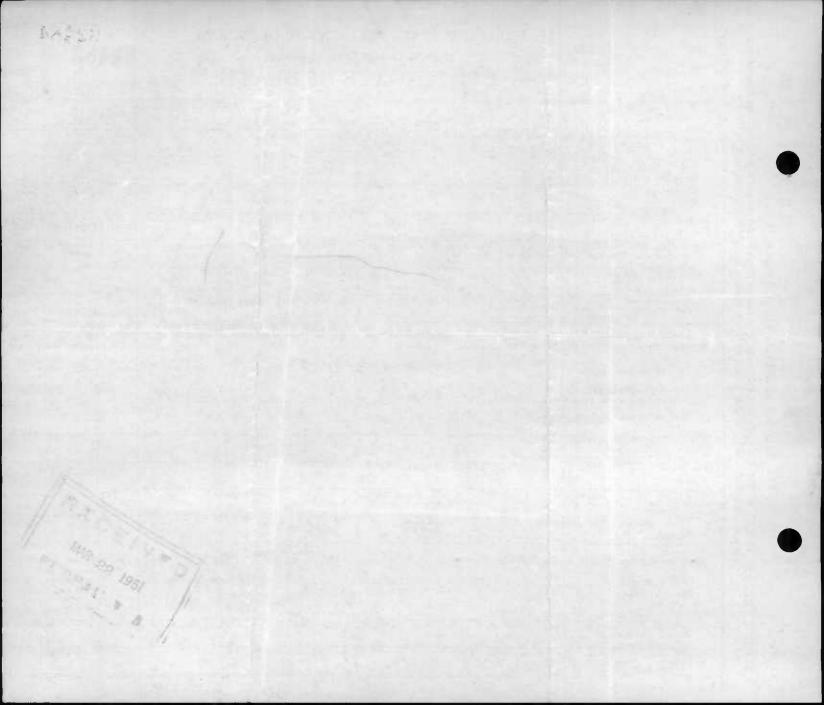
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1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
MARYLAND	many time times
CITY (If outside corporate limits, write RURAL and OR give material towal currents of the corporate limits, write RURAL and LENGTH OF STAY (if this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location) ADDRESS
3. NAME OF DECEASED (Type or Print) $E - FRANK - SHA$	FFER 4. DATE (Month) (Day) (Year) OF DEATH WAY 17 195
6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Pharmace	8. DATE OF BIRTH 9. AGE last birthday If under 1 year Months Days Hours Mir Age of the A
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHATCOUNTRY
13. FATHER'S NAME Shaffer	14. MOTHER'S MAIDEN NAME
15/WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. (Yes, no, or unknown)   (If yes, give were to dates of service)	17. INFORMANT AND ADDRESS Wes Heart which the Manchesty K
18. MEDICAL CEI	RTIFICATION ///
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEE ONSET AND DEAT.
Immediate cause (a) Curum any	Thrombon 2hro
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	oti C-V Unione 4415
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No Y
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   OF   While at   Not While   INJURY   At work	HOW DID INJURY OCCUR?
alive on 3 1 1 19 and that death occurred at 1 SIGNATURE (Degree or title)	1950, the last saw the deceased 7:05 m., from the causes and on the date stated above.  DATE SIGNED
Murue C. Jarlin fred m. 1	Tumpot Coy M 3-19-5/ ERY OR CREMATORY   LOCATION (City, town, or county) (State)
23. BURIAL, CREMATION   DATE/THEREOF   NAME OF CEMETE   REMOVAL (Specify)   May 75/57   Seeing	mount levell es med
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REC'MON 19/5/ PM W. W. L. W.	2. FUNERAL DIRECTOR ADDRESS
	1 100/05

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

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2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

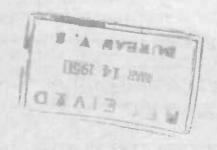
Reg. Dist. No.

1. PLACE OF DEATH-COUNTY 2. USUAL RESIDENCE (HOME) OF DECEASED. STATE COUNTY Maryland Carroll MARYLAND CITY (If outside corporate limits, write RURAL and OR givo nearest town) Henryton LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 5 mos Placedas Baltimore 18 HOSPITAL OR INSTITUTION OR STREET ADDRESS STREET (If rural, give location) ADDRESS HENRYTON STATE HOSPITAL 312 Worsley Street 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED ISEE STREET DEATH March 10 195] (Type or Print) 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) DINGLE 6. COLOR OR RACE S. DATE OF BIRTH 9. AGE last birthday | If under 1 year | If under 24 hrs. 5. SEX Months [ Days Hours | Min. Negro Male April 15,1922 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT Moving Van COUNTRY? Crewe, Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sye Street Mary Oliver 17. INFORMANT AND ADDRESS 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of Sister: Mrs. Alverta Jennings Unknown 18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Pulmonary Tuberculosis June 1950 Immediate cause Antecedent cause(s) Diseases or conditions, if any, (b)\_ giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? No [ PLACE (Home, farm, factory, street, (CITY OR TOWN) 21. ACCIDENT (Specify) (COUNTY) (STATE) office bidg., etc.) SUICIDE INJURY HOMICIDE INJURY OCCURRED HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) Not While While at At work | INJURY Work 22. I hereby certify that I attended the deceased from Oct. 6 ...... 1950 to March 10, 19.51, that I last saw the deceased alive on March 10, 1951, and that death occurred at 8:15 P. m., from the causes and on the date stated above. (Degree or title) DATE SIGNED SIGNATURE Henryton, Maryland 3-10-51 LOCATION (City, town, or county) 23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY (State REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DATE REC'D BY LOCAL ADDRESS REG. 2 E. Preston

WRITE

PLEASE

COPY SENT TO REGISTRAR NO. DATE



Flame 1: 1:

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

The correct age

MARGIN RESERVED FOR BINDING

02485

#### **CERTIFICATE OF DEATH**

I. PLACE OF DEATH-	IARYLAND	2. USUAL RESIDENCE (H	COUN	X-12 4/
CITY (If outside corporate limits, write RURAL and LE)	NGTH OF STAY (in this place)	UK /	te limits, write RURAL and	rive nearest town)
HOSPITAL OR POSSESSION OF THE INSTITUTION OR POSSESSION OF THE INSTITUTION OF THE INST	13-YRS	STREET ADDRESS	(If pural, give location)	
STREET ADDRESS (INNOC) County)	home "	- Garri	oll bounty h	ome
3. NAME OF DECEASED (Type or Print)  ANIEL  (Mide	50 L	(Last) LIVAN	4. DATE (Month) OF DEATH March	(Day) (Year)
WIDOWEI	MARRIED, D. DIVORCED,	7-6. 2-1866	9. AGE last birthday   If under Month	r 1 year   1 under 24 hr s.   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  North	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT
13. FATHER'S NAME	1	14. MOTHERS MAIDEN	NAME	0.5.
not known	N	not renou		
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no, or unknown) (If year, give war or dates of service)	SECURITY No.	P 11 P -1	home recorde was	munto md.
I. DISEASES OR CONDITIONS DIRECTLY LEADING T	18. MEDICAL CER	TIFICATION	1	INTERVAL BETWEEN ONSET AND DEATH
	0:00	to a f	5-1-	O D
Immediate cause (a)	eas of	I Carregies	concore	8 Kus
450. OAntecedent cause(s)		0		
Diseases or conditions, if any, (b) giving rise to the above cause	a of	Lo Do Sex		many the
stating the underlying cause last (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION   19b. MAJOR FINDINGS O	F OPERATION			20. AUTOPSY?
21. ACCIDENT (Specify)   PLACE (Home, far	To death of the state of the st	(CIMY OF M	ANNO MARIA	Yes 🗆 No 🗆
SUICIDE OF office hidg.,	erc.	(CITY OR TO		(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OF INJURY m.   INJURY OF While at Work	Not While At work	HOW DID INJURY OCC	UR?	
22. I hereby certify that I attended the deceased	from	, 1923, to B - 2	5, 195/, that I last	saw the deceased
alive on 3 - 15 , 1957, and that deat		1		
SIGNATURE (Deg	gree or title)	ADDRESS	A sac date s	DATE SIGNED
23. BURIAL CREMATION   DATE   NA	ME OF CEMETER	Y OR CREMATORY   LO	SCATION (City, town, or cou	3-26-01
(Specify) 3-28-1951 6	ounly hom	a Genetery 1	Vistminstor	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR	1 H one /1/ - don.	ADDRESS
				MARIA IVIA

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

02486

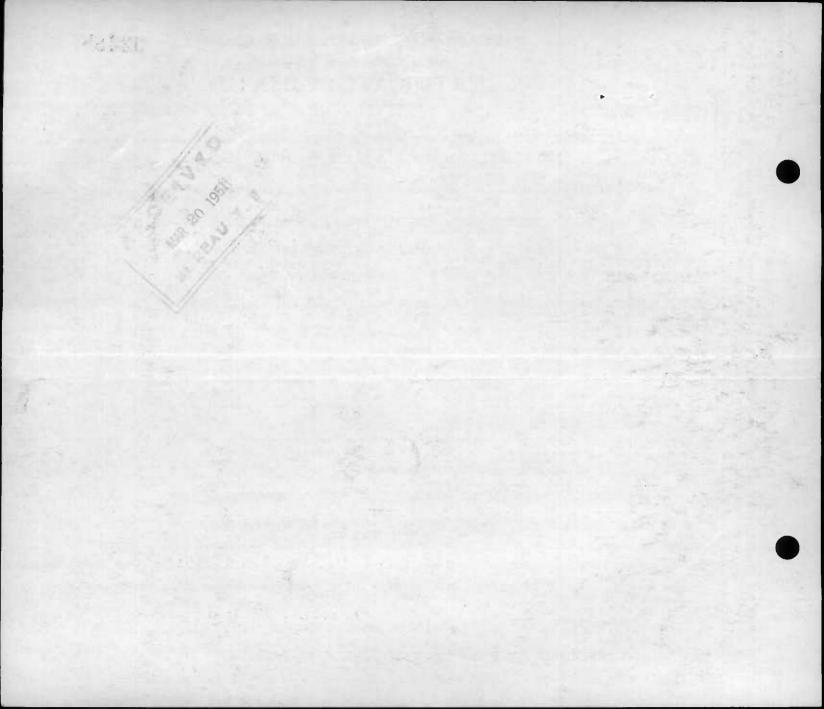
Reg. Dist. No..... 1. PLACE OF DEATH-2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY STATE COUNTY Carrol MARYLAND LENGTH OF STAY CITY (II outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and OR give nearest town) (in this place) TOWN HOSPITAL OR STREET (If rural, give location) INSTITUTION OR ADDRESS STREET ADDRESS 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED SWEET FLORENCE March 15. (Type or Print) 19 51 DEATH 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last birthday ! If under 1 year | If under 24 hrs. Months. | Days | Hours | Min. female Oct. 13. 1902 white 48 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired) INDUSTRY COUNTRY? Home Maryland Housewille 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Manie Dixon Walter C. Roberts 15. WAS DECEASED EVER IN U.S. ARMED FORCES! | 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) | (If year, give war or dates of service) Mr. J. Morgan Sweet - Sykesville, Md. 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the anderlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes | No D 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) SUICIDE office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? Not While While at INJURY Work At work 195/., to 3//3/5/, 19...., that I last saw the deceased 22. I hereby certify that I attended the deceased from I alive on 2./..., 19....., and that death occurred at ......m., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED 23. BURIAL, CREMATION DATE NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county REMOVAL (Specify) 9 Lorraine Cem. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

02487

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

Control of the contro				
1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME STATE Maryland	ME) OF DECEASED COUNTY	Montg.	
Carroll MARYLAND Maryland CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give r				
TOWN give nearest town) Sykesvil	(in this place) -/ -	Town Chevy Cha	ase,	o nearest town)
HOSPITAL OR INSTITUTION OR Springfield	3 C+o+o 33	STREET ADDRESS 1.439 D	(If rural, give location)	7
STREET ADDRESS Springfield	d State Hospital	4618 De	eRussey Parkway	
3. NAME OF (First)	(Middle)		I. DATE (Month)	(Day) (Year)
DECEASED George (Type or Print) George  5. SEX 6. COLOR OR RACE	Francis	TOPPER	OF DEATH March	16 1951
male 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	s. DATE OF BIRTH   9.   June 15, 1879	AGE last hirthday   If under   Months	Days   Hours   Mln.
10a. USUAL OCCUPATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or for	reign country)   12	CITIZEN OF WHAT
done during most of working life, even if retired)	INDUSTRY	Frederick, Mary		fited States
Machinist in Navy yard     Frederick, Maryland		AME		
John Jacob Topper		Mary Ella Steve	es	
15 William Dayson Comm. Tot II C 2 name Concen	S?   16. SOCIAL SECURITY NO.	17. INFORMANT AND AD	DRESS	
(Yes, no, or unknown) (If yes, give war or dates unknown) service)	of unknown	Records - Springs		oital
	18. MEDICAL CE			
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a)	Bronchopneumonia	4. * * * * * * * * * * * * * * * * * * *	der dab untdab dab dab dab dab dab dab dab dab dab	8 days
355X Antecedent cause(s)				more than
Diseases or conditions, if any, (b)_A	rteriosclerosis	# a with a common way a manage of a common decorption of the company of the common decorption of	<del></del>	l yr.
giving rise to the above cause stating the underlying cause last				
(c)	Huntington's Chor	ea		15-6 yrs.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing dea	Psychosis with	Huntington's Chor	ea	about one year
19a. DATE OF OPERATION   19b. MAJOR				20. AUTOPSY?
Onli dual time				Yes   No
21. ACCIDENT (Specify) SUICIDE HOMICIDE  PLA OF INJ	CE (Home, farm, factory, street, office hldg., etc.) URY	(CITY OR TOW	VN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED   While at Not While Work   At work	HOW DID INJURY OCCUR	R?	
		10 50 . Non 15	5 10 57	-141
22. I hereby certify that I attended th				
alive on March 15, 1951, as SIGNATURE Martin Gross,	M. D. (Degree or title)	ADDRESS		ated above. DATE SIGNED
masin sy	m h.D. S.	ykesville, Marylar		3/16/51
23. BURIAL, CREMATION DATE THERE REMOVAL (Specify)	OF NAME OF CEMETE		ATION (City, town, or count	y) (State)
DATE REC'D BY LOCAL   REGISTRAR'S		24. FUNERAL DIRECTOR	January 1	ADDRESS
7182.16.1951 Celta	my Heer	- 1 /	nohrey Beth	ender med
		-11	1911/200	



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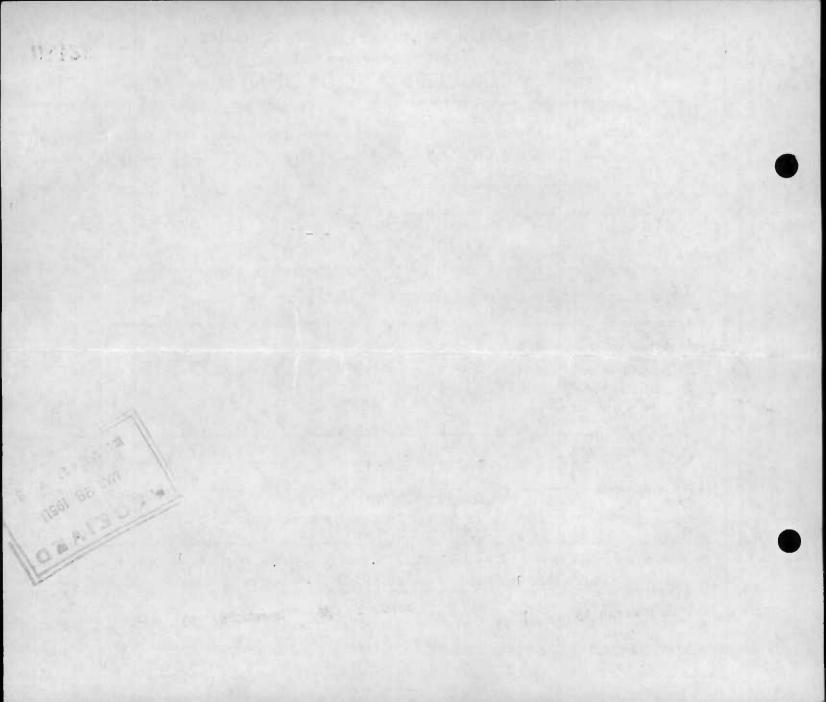
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

02488

	CARROLL	MARYLAND	2. USUAL RESIDENCE (	ND COUNT	WASHINGTON
OR give nearest TOWN	orporate limits, write RUR town) Sykesville	/ 411	TOWN CA	nte limits, write RURAL and g	ive nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRESS		STATE HOSPITAL	STREET ADDRESS	(If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) MARY	(Middle)	WADE WADE	4. DATE (Month) OF MARCH	(Day) (Year) 25 19 51
FFMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVERGED, (Specify)	s. DATE OF BIRTH 2-9-14	37 ym. Months	r 1 year (If under 24 hrs.
	ATION (Give kind of work vorking life, even if retired)	10b. Kind of Business on Industry Housework	11. BIRTHPLACE (State of	Maryland	2. CITIZEN OF WHAT
13. FATHER'S NAM	JOHN DAVID V	VADE	14. MOTHER'S MAIDEN	SYLVIA WASTLER	
	ver In U.S. Armed Forces (If yes, give war or dates (  service)			ADDRESS L RECORDS	
		18. MEDICAL CEI	RTIFICATION		
I. DISEASES OR CO	ONDITIONS DIRECTLY				INTERVAL BETWEEN ONSET AND DEATE
Immediate	e cause (a)	BILATERAL PULMO	NARY TUBERCULOS	IS	2 years
Diseases or o	nt cause(s) conditions, if any, the above cause inderlying cause last (c)				
Conditions contribu	CANT CONDITIONS sting to the death but not se or condition causing deat	h			
19a. DATE OF OPE	RATION 196. MAJOR I	FINDINGS OF OPERATION			20. AUTOPSY!
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR 7	OWN) (COUNTY	Yes No (STATE)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CUR?	
INJURY	m.	While at Not While Work At work			
			2, 19.38., toMar.ch	25 1951, that I last	saw the deceased
22. I hereby certically alive on Man SIGNATURE	ify that I attended the rch25, 195.lan	work At work and deceased fromSept	ADDRESS SUPERIOR THE	causes and on the date s	tated above. DATE SIGNED
22. I hereby certically alive on Manager and series of the series of	ify that I attended the rch25, 195lan  ATTON DATE THEREO  3/24/5	work at work at work at work at deceased fromSept	ADDRESS ADDRESS ADDRESS ADDRESS	causes and on the date s  OCATION (City, town, or cou	tated above. DATE SIGNED
alive on Marsis of NATURE 22. BURIAL, GREM. REMOVAL (Spec	ify that I attended the rch25, 195lan  ATTON DATE THEREO  3/24/5	work at work at work at work at deceased fromSept	ADDRESS SUPERIOR THE	causes and on the date s  OCATION (City, town, or cou  Washington C	tated above. DATE SIGNED



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

(1)2489 Reg. Dist. No. 24

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CER	T	TFI	CA	T	F. O	F	DE.	ATH
		A. A.			-			

I. PLACE OF DEATH- COUNTY		2. USUAL RESIDENCE (H	IOME) OF DECEASE	COUNTY		
Carroll	MARYLAND	Mary	land			
CITY (If outside corporate limits, write RURAL OR give nearest town)	and LENGTH OF STAY (in this place)	OR (1f outside corpora	te limits, write RURA	L and give nearest town)		
TOWN Renryton	1 yr. /mos.15c		imore 23			
HOSPITAL OR INSTITUTION OR INSTITUTION OR	THE TOCOTORS	STREET ADDRESS	(If rural, give lo			
STREET ADDRESS HENRYTON STAT			Franklin St			
3. NAME OF (First) DECEASED	(Middle)	(Last)	OF	onth) (Day) (Year)		
(Type or Print) IDA 5. SEX   6. COLOR OR RACE   7.	MAE SINGLE MARRIED	WEEMS 8. DATE OF BIRTH	DEATH Marc			
Female Negro	SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Sep.	Dec. 3,1923	27 yrs.	If under 1 year   If under 24 hrs   Months   Days   Hours   Min.		
10a. USUAL OCCUPATION (Give kind of work) 1	Ob. KIND OF BUSINESS OR	11. BIRTHPLACE (State of		12. CITIZEN OF WHAT		
done during most of working life, even if retired)	Day's Work	Baltimore, "	COUNTRY?			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
Ernest Simpkin	ns	Rosie Jones				
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS				
(Yes, no, or unknown) (If yes, give war or dates of No	Unknown	Mother: Mrs. h	osie Taylor			
	18. MEDICAL CEI	RTIFICATION				
I. DISEASES OR CONDITIONS DIRECTLY LE	ADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH		
T 20 / /->	P117 m	onary Tuberculos	sis	April.1949		
Immediate cause (a)		J. 1 40 04 04 04	# ### Buff			
Antecedent cause(s)						
Diseases or conditions, if any, (b) giving rise to the above cause			**************************************	00000000000000000000000000000000000000		
stating the underlying cause last						
II. OTHER SIGNIFICANT CONDITIONS						
Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION   19b. MAJOR FIN	DINGS OF OPERATION			20. AUTOPSY?		
				Yes   No		
21. ACCIDENT (Specify) PLACE	(Home, farm, factory, street,	(CITY OR T	OWN) (C	OUNTY) (STATE)		
SUICIDE OF INJURY	office bldg., etc.) Y					
	NJURY OCCURRED While Not While	HOW DID INJURY OCC	CUR?			
	Work At work					
22. I hereby certify that I attended the d	Jiily 22	10/9 4 danch C	1057 43-4	T 14		
22. I hereby certify that I attended the d	leceased from	9, 19th.Z, to&A.WAA?	1924, that	I last saw the deceased		
alive on March 9 1951 and			causes and on the	date stated above.		
SIGNATURE	(Degree or title)	ADDRESS		DATE SIGNED		
Trans 1. Same	- Meh	enryton. Md.		3-9-51		
23. BURIAL CREMATION   DATE THEREOF	NAME OF CEMETE		OCATION (City, town			
REMOVAL (Specify) 3-11-57	arbutus	mem. Park	Balt:	a. md.		
DATE REC'D BY LOCAL   REGISTRAR'S SI	GNATURE	24. FUNERAL DIRECTO	R	ADDRESS		
REG. 3-9-51 allerty	1. Swenkban	lo Marlew 1	1. Law	802 meditary		
Dept	uty Local	17,	10001	Bacts. md.		
P		100	10056	paces. Ma.		

WER 20 105 DATE Max 29,1957 T. H. E.

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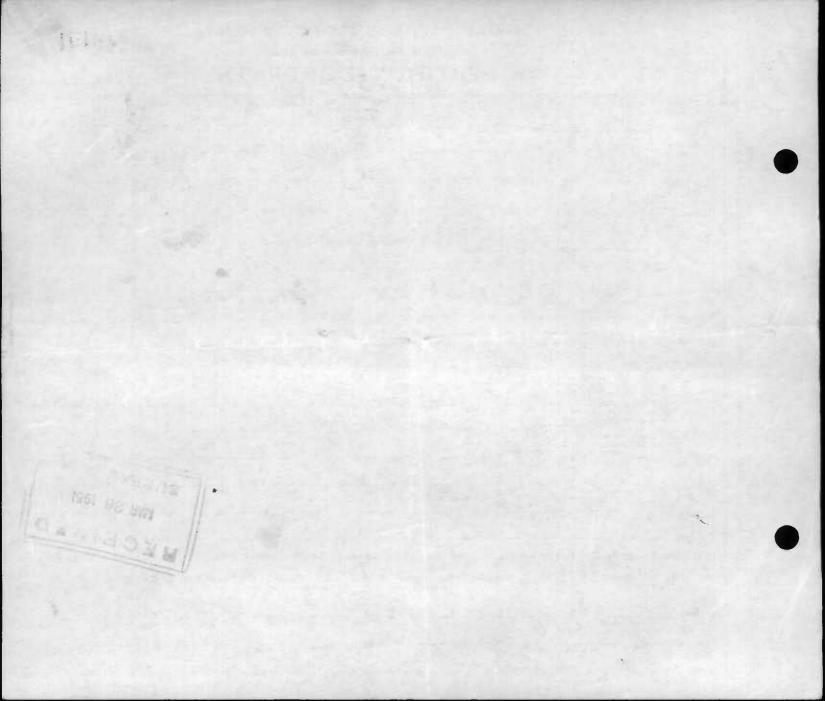
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

02490 2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED	
CARROLL MARYLAND	STATE AMARYLAND COUNTY	. ,
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest to OR	wn)
TOWN FRIZELL BUIR G	TOWN TRIZELL BUIR Q	
HOSPITAL OR INSTITUTION OR STREET ADDRESS P. D. 7	STREET (If rural, give location) ADDRESS 7. P. 7	
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day)	(Year)
OECEASED (Type or Print) NETTIE MAY	WELLY DEATH MAIRCH 19	195
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH   9. AGE last hirthday   If under 1 year   If un	der 24 hre
WIDOWED, DIVORCED, (Specify) WID ON	3-16-1870 81 yrs. Months. Days Ho	irs Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  NOUSEWIFE	II. BIRTHPLACE (State or foreign country)  12. CITIZEN ( COUNTRY?	OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
G. NICHOLAS GIST	SARAH DWVER	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no or unknown) (If year, give war or dates of NONE	Mrs Evelyn Heltibudle WESTMINSTER R.D.7.	nol
		1101.
I, DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ant tule year	
	ONSET AN	D DEATH
Immediate cause (a) arterio seles	otre Coronary leseace 54	n.?
Antecedent cause(s)		
Diseases or conditions, if any, (b) unfluence	100	aus
giving rise to the above cause stating the underlying cause last		7
II. OTHER SIGNIFICANT CONDITIONS	**************************************	
Conditions contributing to the death but not		
related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	I 20 AUTO	PQV9
related to the disease or condition causing death.	20. AUTO	-
related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	Yes 🗆	No 🗆
related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office hidg., etc.)   INJURY	(CITY OR TOWN) (COUNTY) (STA	No 🗆
related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office hidg., etc.)   INJURY OCCURRED	Yes 🗆	No 🗆
related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office hldg., etc.)   INJURY	(CITY OR TOWN) (COUNTY) (STA	No 🗆
related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office hidg., etc.)   INJURY  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED While at Not While Work   At work	(CITY OR TOWN) (COUNTY) (STA	No 🗆
related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	(CITY OR TOWN) (COUNTY) (STA	No 🗆
related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.)  21. ACCIDENT (Specify) OF office hidg., etc.)  21. ACCIDENT (Specify) INJURY OCCURRED OF OFFICE Month (Day) (Year) (Hour) INJURY OCCURRED While at Not While Work At work   22. I hereby certify that I attended the deceased from	(CITY OR TOWN) (COUNTY) (STA HOW DID INJURY OCCUR?  4, 19.3.8, to man, 19, 19.5.1, that I last saw the de	No []
related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.)  21. ACCIDENT (Specify) OF office hidg., etc.)  21. ACCIDENT (Specify) INJURY OCCURRED OF OFFICE Month (Day) (Year) (Hour) INJURY OCCURRED While at Not While Work At work   22. I hereby certify that I attended the deceased from	(CITY OR TOWN) (COUNTY) (STA	No DTE)
related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT SUICIDE OF office hidg., factory, street, OF office hidg., etc.)  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.)  22. I Month (Day) (Year) (Hour) INJURY OCCURRED OF OF OFfice hidg., etc.)  23. I Month (Day) (Year) (Hour) While Work At work At work SIGNATURE (Degree or title)	(CITY OR TOWN) (COUNTY) (STA HOW DID INJURY OCCUR?  4, 19.38, to man, 19, 19.51, that I last saw the de 30 f. m., from the causes and on the date stated above DATE S  Westmindton 19, 19.51, that I last saw the de 30 f. m., from the causes and on the date stated above DATE S	No [] TE) ceased
related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) OF office hidg., etc.)  SUICIDE (Month) (Day) (Year) (Hour) OF office hidg., etc.)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Work At work   22. I hereby certify that I attended the deceased from At work   slive on Mass. 19, 19.51., and that death occurred at SIGNATURE (Degree or titic)  23. BURIAL. CREMATION DATE (NAME OF CEMETER REMOVAL (Specify)	(CITY OR TOWN) (COUNTY) (STA HOW DID INJURY OCCUR?  4, 19.38, to man, 19, 19.51, that I last saw the de 30 f. m., from the causes and on the date stated above DATE S  ADDRESS DATE S  AT OR CREMATORY LOCATION (City, town, or county)	No Ceased ceased cligned State)
related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT SUICIDE OF office hidg., factory, street, OF office hidg., etc.)  21. ACCIDENT SUICIDE OF OF office hidg., etc.)  10. INJURY INJURY  22. I hereby certify that I attended the deceased from At work   19.5 l., and that death occurred at   19.5 l., and t	(CITY OR TOWN) (COUNTY) (STA HOW DID INJURY OCCUR?  4, 19.3.8, to man, 19.51, that I last saw the de 30 f. m., from the causes and on the date stated above DATE S  ADDRESS DATE S  RY OR CREMATORY LOCATION (City, town, or county)	No DTE)  ceased e. IGNED  State)
related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) OF office hidg., etc.)  SUICIDE (HOMICIDE INJURY)  TIME (Month) (Day) (Year) (Hour) (NJURY) OCCURRED While at Not While Work At work   22. I hereby certify that I attended the deceased from At work   22. I hereby certify that I attended the deceased from NAME OF CEMETER (Degree or titic)  23. BURIAL CREMATION DATE (Degree or titic)  24. BURIAL CREMATION DATE (Degree or titic)  25. BURIAL CREMATION DATE (Degree or titic)  26. BURIAL CREMATION DATE (Degree or titic)	(CITY OR TOWN) (COUNTY) (STA HOW DID INJURY OCCUR?  4, 19.3.8, to man, 1.9, 19.5., that I last saw the de 30 f. m., from the causes and on the date stated above DATE S  WESTERVELLE M. 3-19  RY OR CREMATORY LOCATION (City, town, or county)  Constant Trailburg	No DTE)  ceased e. IGNED  State)



The correct age

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

02491

I. PLACE OF DEATH- COUNTY	MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY			
CITY (If outside corporate limits, write RURA		Maryland	ate limits, write RURAL and gi	ve nearest town)	
CITY (If outside corporate limits, write RURA OR give nearest town) TOWN Henryt on	2mths.25 days	TOWN Baltimo		area age comizy	
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STA	TE HOSPITAT	STREET ADDRESS	(If rural, give location)  Presstmen St	/	
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(D-11)	
DECEASED (Type or Print) HFLEN	BERNICE KELLY	(WOODLAND)	OF DEATH March	(Day) (Year) 15 1951	
5. SEX 6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	Dec.24,1917		I year   If under 24 hrs.   Days   Hours   Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Bar Maid	(Specify) Dep.,  10b. Kind of Business or Industry	Baltimore, Ma		2. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN			
Arthur Kelly		Bess	ie Thornton		
15. WAS DECRASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY No.	17. INFORMANT AND			
(Yes, uo, or unknown) (If year, give war or dates of NO service)	214-20-6038		ly-1436 Prestman	St.,	
I. DISEASES OR CONDITIONS DIRECTLY I	18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a)	Pulmonary Tu	berculosis		June, 1950	
Antocodent cause (s)		the fact fragit with a street of the fact that the fact of the fact that the fact of the second consecution of the fact of the	7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
Antecedent cause(s)					
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		i dáin i i i i i i i i i i i i i i i i i i	Ondo da de esta esta esta esta esta esta esta est	o a bill this thing prime and an enterphysical company and a prime and a second company and a	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death				99 70 70 70 00 matrices a state fine dispusamental scales and	
	INDINGS OF OPERATION			20. AUTOPSY?	
				Yes   No	
21. ACCIDENT (Specify) PLAC OF INJUI	E (Home, farm, factory, street, office bldg., etc.)	(CITY OR 7	TOWN) (COUNTY	) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?		
22. I hereby certify that I attended the	deceased from Dec. 20.	, 19.50, to Mar.,	15 1951, that I last	saw the deceased	
alive on March 15, 1951, and SIGNATURE	that death occurred at	ADDRESS from the	causes and on the date si	tated above. DATE SIGNED	
Elmi V. Saun		ENRYTON, MARYLAN	D	3/15/50	
23. BURIAL, CREMATION DATE SEMOVAL (Specify) 3-19-5	NAME OF CEMETE		A.A. Ca. MD.	ity) (State)	
DATE REC'D BY LOCAL REGISTRAR'S S REG. 3/15/51 Albert		24. FUNERAL DIRECTO	R	ENN, AVE	
Deputy 1	ocal		7=111	11	



age

1. PLACE OF DEATH

SIGNATURE

23. BURIAL, CREMATION BEMOVAL (Specify)

arroll

CITY (If outside corporate limits, write RURAL and

COUNTY

#### MARYLAND STATE DEPARTMENT OF HEALTH

#### CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

LENGTH OF STAY

(Degree or title)

NAME OF CEMETERY

Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED. CITY (If outside corporate limits, write RURAL and give nearest town) samotterille (Month) (Day) (Year) 19 ) Months | Days | Hours | Min. 12. CITIZEN OF WHAT COUNTRY

DATE SIGNED

ADDRESS

(State)

LOCATION (City, town, or county)

OR give neares toy a TOWN HOSPITAL OR STREET (If rural, give location) INSTITUTION OR ADDRESS STREET ADDRESS 3. NAME OF (First) (Last) 4. DATE (Middle) DECEASED DEATH TIL (Type or Print) 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE last birthday | If under 1 year | If under 24 hrs. WIDOWED, DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even thretired) 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Tukardson 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no or unknown) | (If yes, give war or dates of service) INTERVAL BETWEEN 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY1 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) PRIMARY GOR CONTRIBUTING office hldg., etc.) CAUSE OF DEATH. INJURY HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Nnt while INJURY work at work 22. I certify that I took charge of the remains described above, held an Autopsy 🔲, Inspection 🔄 Inquiry 🔀 thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .

EASE

